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HOSPITALS AND ASYLUMS
OF
THE WORLD.

VOLUME II.
ASYLUM CONSTRUCTION, PLANS, AND
BIBLIOGRAPHY.

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HOSPITALS AND ASYLUMS

OF

THE WORLD:

*THEIR ORIGIN, HISTORY, CONSTRUCTION, ADMINISTRATION,
MANAGEMENT, AND LEGISLATION;*

WITH PLANS OF THE CHIEF MEDICAL INSTITUTIONS
ACCURATELY DRAWN TO A UNIFORM SCALE,
IN ADDITION TO THOSE OF ALL THE HOSPITALS OF LONDON IN THE
JUBILEE YEAR OF QUEEN VICTORIA'S REIGN.

BY

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EDITOR OF "THE HOSPITAL".

IN FOUR VOLUMES AND A PORTFOLIO.

VOLUME II.

ASYLUM CONSTRUCTION, WITH PLANS AND BIBLIOGRAPHY.

LONDON:

J. & A. CHURCHILL, 11, NEW BURLINGTON STREET, W.

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INTRODUCTION.



IN the preparation of this work a great number of asylum plans have been obtained in order to see what progress has been made in asylum construction during recent years. In the result we find that, owing no doubt in a great degree to the fact that every community has to provide for a large number of lunatics—the old practice prevails of erecting vast buildings upon an almost identical plan, with few exceptions, in every country throughout the world. It is therefore very easy to classify asylum buildings, and a description of the whole of them might be readily given in a very few pages.

In Chapters XII to XV we have set forth at length the various types of asylums represented by existing buildings. They are only four in number: (1) The irregular or conglomerate; (2) the corridor; (3) the pavilion; and (4) the corridor-pavilion. The irregular or conglomerate type represents of course the oldest form in existence, and is, more frequently than not, a building converted to asylum purposes, although originally planned for a prison, a monastery, barracks, or some other purpose of a similar character. The corridor and the pavilion asylums speak for themselves, and need no description here. The corridor-pavilion class combines the second and third types, and will be often found to consist of buildings originally erected for some other purpose than that to which they are at present devoted. It is difficult to classify the smaller asylums

which do not provide for more than two hundred patients, because a small corridor asylum only requires to be repeated a few times and connected by corridors on the ground-floor to convert it into a corridor-pavilion asylum. For example, an institution like the Banff Asylum, taken as a whole, is not so large as one of the pavilions at Caterham.

In the circumstances just mentioned it has been very difficult to decide what plans to give in this work. It seemed a useless task to repeat examples of the four types, because in effect it would only amount to the reproduction of almost identical plans, though each institution would of course bear its proper name. We think it well to state this by way of explanation, as some disappointment might otherwise be caused by the fact that the actual plans given in this volume are not more numerous than they will be found to be. Our answer must be that it was quite unnecessary to publish mere plans as such, and we feel that to follow any other course than the one adopted would not only have been a waste of money and space, but a hindrance rather than a help to the practical alienist and architect. Anyone who wishes to find out on what plan a particular asylum is constructed, or where a particular plan may be seen, will be able to ascertain the fact by reference to the index, where are given the names of the institutions, and in each case the page on which the institution is classified under its own proper type.

In giving a model plan, our object is to set forth in as intelligible a way as possible the main features of each portion of an asylum constructed upon modern ideas, with a due regard to the limits imposed by economical considerations. We do not claim completeness for our plan, but we do feel that it includes all the most important features, and that any institution constructed upon this model would enable the medical superintendent to provide adequately by classification for the needs of the majority, at any rate, of the patients intrusted to his care.

There is one important point which cannot be too strongly insisted upon. It has been too much the practice in the past for the

authorities charged with the duty of erecting a new asylum to call in an architect, to accept the plans submitted, and to proceed with the erection of the asylum before appointing the medical superintendent who will ultimately have charge of its administration. We are strongly of opinion, as a matter of practical experience, that no authority, which is alive to the best interests of the ratepayers or others whom it may represent, will consent to accept plans, much less to proceed with the erection of a new asylum, unless or until the medical superintendent has been appointed. It is essential to have his trained intelligence brought to bear upon every detail of the design, with a view to securing everything which is requisite to promote the speedy recovery of the patients, and to provide for the careful isolation and the comfort of the chronically disabled.

It is true that some authorities have advocated the employment of a picked medical superintendent of experience to advise with the architect in the planning and all through the erection of a new asylum, in preference to the early appointment of the medical superintendent who will ultimately have charge of the buildings about to be constructed. Our experience leads us to negative altogether this alternative principle. We hold this opinion because we are convinced that it is due to the medical superintendent, who will in the end be charged with the duty of administration, to allow him to have a voice in the planning of the buildings, and also because the idiosyncrasies of individual superintendents render it undesirable to call in a particular expert, and to let him erect a building in accordance with his views, seeing that when it is completed he will have nothing whatever to do with its management. In all the circumstances, therefore, it cannot be doubted that the representatives of the ratepayers, or whoever may have to bear the expense of the new buildings, will be well advised, before taking any step in regard to the plans or the buildings, to first proceed to make a careful selection of a medical superintendent. Having done this they should charge him with the duty of advising on the plans, and of superintending the erection of the new buildings

from start to finish. As a mere matter of expense the salary of the superintendent during the period represented by the time occupied in preparing the plans, and in erecting the new asylum, will not represent a fraction of the cost of making the alterations and additions, which will otherwise almost certainly be found necessary, when the institution is opened and brought into use.

Nearly every asylum report, quite apart from the country in which it is published, laments the fact that, under present circumstances, the public are loath to send a patient to an asylum directly symptoms of mental aberration display themselves. One good feature in this connection is met with in America, where it is becoming the common practice to drop the word "asylum" altogether, and to substitute the term "hospital for the insane". Formerly hospitals were most unpopular institutions, because they were regarded, and to an extent rightly regarded, by the people as pest-houses, or places where the probability of recovery was less than in private houses. The progress made in preventive medicine during the last quarter of a century, the adoption of the Listerian system, the improved hygienic conditions, the added cleanliness, and the introduction of trained and skilled nurses, have created a revolution of opinion in regard to our hospitals. The consequence is that nowadays the first idea which strikes a man, whatever his rank in life, when he meets with an accident, is, that the best thing that could happen to him would be to be removed to the nearest hospital. Hence the hospital beds are in great demand, and the pressure upon the resources of these institutions is very often greater than the funds can meet. We are of opinion that the next quarter of a century will see an equal revolution of feeling in regard to asylums, which will no doubt come to be known as hospitals for the insane. In the old days hospitals were called infirmaries, *i.e.*, places where chronic cases chiefly were attended to. So, the idea which the public now have of an asylum is, that it is a place to which madmen are consigned until they die. In other words, as we have shown in the first volume of this book, the insane were originally treated in gaols, cages, and even in pest-houses,

where they were restrained by chains and subjected to the greatest cruelty.

The institution of asylums was the first step towards reform. This new departure only contemplated, however, comfortable provision, with adequate care and nursing, for those outcasts of society who were regarded as so entirely done for, so far as this world was concerned, that it was no uncommon practice, in Ireland especially, for the relatives to ignore altogether the existence of their friends so soon as they had placed them in one of the new institutions. Of course it took very many years after the asylums proper were first substituted for gaols, cages, and pest-houses, to bring them up to anything like efficiency in their internal arrangements, both in regard to hygiene, food, bedding, and other material comforts. When this was accomplished it gradually became apparent that treatment could effect wonders in many cases, and so restore a goodly proportion of patients to the world, wherein they could resume their ordinary avocations with comfort and benefit to themselves and their families.

We must not be misunderstood. We do not, of course, wish it to be inferred that at any period treatment was entirely lost sight of by those in charge of the insane, but we wish to emphasise the fact that treatment was a secondary consideration in the majority of instances, because it was felt that asylums were mainly intended for incorrigible and chronic cases. When the law stepped in, and began to insist upon the removal of cases of insanity from the care of friends, where they were often ill-used and neglected, to public institutions, and as the practice of sending all these cases to asylums has gradually become popular, a larger number of patients who have responded to treatment has been received. This growth in popular favour has created a demand for the classification of the patients according to their ailments, with a view to their adequate treatment.

It has thus become apparent that the older buildings especially, and in fact the majority of asylum buildings, are not well adapted to secure the most favourable results to the patients, owing to the

absence of sufficient means of isolation and disconnection. Unfortunately—no doubt in great measure from the fact that the plans have been selected by the authorities without first appointing their medical superintendents—most new asylums have been but a reproduction in whole or in part of an existing building. The more closely the plans of the existing asylums are examined, the more evident does it become that up to the present time there has seldom been any departure, so far as construction is concerned, from the old plans to which we have referred. Where changes have been introduced they have not gone to the root of the system with a view to afford facilities for treatment, and so to meet the requirements of advancing science and devoted care on the part of the medical superintendents. Such changes as have been made have usually been confined to the elevations and to other matters which are relatively immaterial.

When the London County Council was elected, some ardent spirits among its members, fired with an earnest desire to secure the most adequate medical treatment for every case of insanity which gave promise of recovery, exerted themselves to secure the erection of a hospital for the insane, which was to be conducted upon a system identical in most respects with that which prevails in the administration of a large general hospital. There were to be handsome wards, a trained medical staff consisting of brain-experts and brain-surgeons, hospital-trained nurses, clinical lectures, a medical school, and all the other essentials of a modern hospital. Lunacy-experts were startled by the drastic suggestions of these modern enthusiasts, and pointed out with much force, that, assuming that such an institution was built and opened to-morrow, it would be found in practice that acute cases of mental disease could not be adequately or even properly treated under such conditions. The results, far from being favourable, would probably be infinitely less favourable than those attained in the existing asylums, despite the disadvantages under which the work had to be carried on. For our own part we regret, notwithstanding our general sympathy with the views urged by the asylum superin-

tendents, that the London County Council did not vote a moderate sum, and so enable the experiment to be made. The outlay in money would not have been large, and, although the result might have proved unsatisfactory, it would have attracted and fixed the attention of the public to the importance attaching to treatment in cases of mental disease, and would so have inspired them with hope when members of their own families were afflicted. This must have done an infinite amount of good to the patients, by securing that in the majority of cases they should be sent to an institution where they would receive without delay the kind of treatment that their cases required. As it is, asylum buildings display a want of means of isolation, or of sufficient means, at any rate, and are for the most part constructed in such a way as to render it impossible, or nearly impossible, to classify cases adequately by preventing their association with others who are calculated to do them harm in certain stages of their disease, or to cut them off from sounds and sights which cannot fail to have a harmful effect upon them. The medical superintendents, with their patients, are thus placed at a disadvantage, and it is doubtful, if it is not even impossible, that the maximum of cures can be effected under the existing conditions. The subject is full of interest, and we have thought it desirable, therefore, to reproduce, as an Appendix, the Report of the Committee of the London County Council on a Hospital for the Insane, and Dr. Greene's criticism of that proposal. We have also reproduced a paper by Dr. Bancroft, of the New Hampshire Asylum, Concord, U.S.A., which gives many practical reasons why it is desirable to depart altogether from the old plans of asylum construction whenever an entirely new building is to be erected in the present day.

Dr. Bancroft's paper will, no doubt, be read with interest and profit. He indicates, with soberness and force, the directions in which alterations are desirable ; and supports each suggestion by evidence which no intelligent reader will fail to appreciate. Perhaps the strongest argument which he adduces in favour of an alteration in the system upon which hospitals for the insane are at

present constructed, is the fact, that in those cases where patients recover, they convey with them from the asylum the impressions of the sufferings caused by the influences to which they were subjected, owing to the impossibility of classifying the cases in the way we have indicated already. The result is that these impressions are conveyed by patients to their friends, and through the friends to the public. Thus a prejudice against these institutions is excited in the mind of the people, and induces individuals to take every possible means to delay the removal of their friends to a hospital for the insane, where, they fear, patients may be subjected to avoidable suffering which might materially retard, if it did not altogether prevent, their ultimate recovery. Of course, many of the most intelligent superintendents are fully alive to the facts adduced by Dr. Bancroft, and are, we believe, in almost entire agreement with his views. Having charge of old buildings, they have set to work, as in the case of Dr. Clouston at the Morningside Asylum, Edinburgh, to reconstruct them, bit by bit, by breaking them up, and so making it possible to separate into groups patients who may be consigned to the larger wards. They have further caused cottages and small houses to be erected in various parts of the grounds, and have in this way gradually introduced to an extent (though, as far as our inquiries go, not to an adequate extent at present, owing to want of means) the very system which we here advocate.

Let us briefly indicate what we think it is practicable to accomplish. In all cases where a new asylum has to be built it is essential (as Dr. Bancroft points out), first, that buildings should be provided for the noisy classes, separate from the others, and so situated as to be beyond the hearing of the quiet at all times. Secondly, the detached cottages should be multiplied, and each might usefully be constructed after a different design, and be so situated in the grounds as to give it an independent character. Thus a feeling of homeliness and comfort might be induced which could not fail in many cases to hasten recovery. Thirdly, in the case of the larger wards it is essential that they

should be broken up as much as possible, so as to promote the grouping of the patients and their separation according to character, mental state, and other conditions ; and that where a number of patients are necessarily placed together in a ward, the greatest facility may be afforded to secure exactly the conditions which will tend to promote the well-being of individual cases. These three features must find a place in every well-constructed asylum of the future. The more promptly the public are induced to send their friends to a hospital for the insane, the more it will become necessary that the hospital shall be so constructed as to give the maximum opportunity for the speedy recovery of the patients. It is now generally admitted that acute cases demand special treatment, and that they should be so dealt with in all well-regulated asylums. Hence the infirmary wards have now become a leading feature in the more modern hospitals for the insane.

Another point to be borne in mind is, that where a patient is in such a condition as to render it improbable that he will ever be able to do without the care and treatment to be met with in a public institution, he may yet have all, or nearly all, his other faculties fully awake. In such a case it is a positive cruelty to consign him to the companionship of the hopelessly insane who are altogether unconscious of their surroundings, and are as indifferent to them as they are mentally incapable. The first class of patients should be grouped together, and care should be taken to afford them everything which will tend to promote their comfort and happiness by avoiding anything which could exasperate or shock their feelings, or destroy their equanimity. If these points are kept well in mind, and if, as we believe will happen in process of time, due weight is attached to them by everybody who is charged with the duty of providing for the insane population, then, hospitals for the insane will become as popular as hospitals for ordinary diseases, and we believe that the cures effected will be as remarkable, and that they will show a large percentage of increase on the present results. When our hospitals for the insane are con-

structed upon the plan here indicated, hospital superintendents will have their labours considerably lightened, and the friends of patients may rest assured that the sooner they secure admission for the cases the better will be the prospect of ultimate recovery. Further, when our hospitals for the insane are thus constructed we shall cease to have an agitation for a clinical hospital for cases of mental disease, because experience will prove that the existing hospitals for the insane will be better suited to the treatment of lunatics than any other kind of institution which human ingenuity can suggest.

Finally, we have to express our grateful acknowledgments for the invaluable assistance which has been rendered in the production of the first two volumes of this work by Dr. Richard Greene, of the Berry Wood Asylum, Northampton, and by Dr. John Sibbald, one of the Commissioners of Lunacy for Scotland. Without their co-operation it would have been well-nigh impossible to produce them at all, and it is only just to state that, had they not devoted a great amount of time to the work, it must have been not only incomplete but largely unsatisfactory. As it is, we hope, thanks to their co-operation and devotion, that those who may have occasion to consult these pages will find them of practical use, and on the whole to contain most, if not all, of the information which they may desire to have.



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CHAPTER I.

ASYLUM SITES.

*Situation.—Size.—Subsoil.—Drainage.—Water Supply.—Position.—Planting.
—Aspect.—“Setting-out”.—Appointment of Medical Superintendent.*



AN asylum for the insane should occupy a site not much overlooked by public roads. It should be within two miles of a railway station, and somewhat centrally placed as regards the district from which it draws its patients. To be near a large town is a decided advantage to the staff of an asylum, and where there is a choice of suitable estates care should be taken to select one within a mile or two of a town. The amount of land required is not great, and any accurate balance between the exact number of patients and the exact acreage is wholly unnecessary. For an asylum of medium size, say about 600 beds, 50 or 60 acres will be found amply sufficient, while 100 acres will be enough for 1,000 beds or upwards. A large estate is simply a source of trouble and expense to all concerned, and it rarely or never means that a larger number of patients is employed on the farm; rather, indeed, it means the opposite, for it induces the committee to embark on extensive farming operations by extra paid hands, whereas an increased number of patients should mean an increase of spade cultivation, and for this purpose a very few acres are sufficient.

Where possible the subsoil should be gravel, and, where this cannot be had, the most complete system of subsoil drainage should be carried out. With a small estate this is quite easy, but it often happens that so much money is spent on the land itself that committees hesitate to incur further expense, and too often the land remains either undrained or the drainage is totally inadequate.

An abundant supply of water is of the first importance ; thirty gallons per patient per day are necessary.

Many of our English county asylums are placed on high, exposed situations, it being apparently forgotten that the building is to be used as a hospital and a residence for feeble invalids. Were the institution to be used as a public school-house, or as a barrack, when, presumably, none but healthy persons would be resident, nothing could be said against these sites ; but it is certain that many of them are quite unsuited for asylum purposes. The two points which have hitherto determined the choice of a site have been cheapness of the land and the view from it. Both of these are admirable in their way, but both may be purchased too dearly.

An asylum for the insane, therefore, should never occupy a high, exposed situation. It should be placed on slightly rising ground, the fall being sufficient to permit of easy drainage and disposal of sewage. It should be protected from the north, the north-east, and the north-west winds. Where no natural barrier, such as a wood, exists to these winds, an attempt should be made to make up for the deficiency by planting a thick belt of such trees as will most easily and quickly grow in the district. The "spoil earth" should be conveyed to these boundaries of the estate, so as to form an artificial mound. The trees will thus have "made soil" to grow in, and, being planted on the sides and top of the mound, they will have what, practically, is equal to a few years' growth to begin with. This planting should be done early, so that the trees may have several years' growth before the asylum is opened.

A sheltered spot should be chosen for the kitchen garden, which should be well stocked with fruit trees—indeed, these trees should be put in every available space. The ground on which the building itself stands should be level from end to end, and, if possible, also from side to side, so that "steps" or "inclines" in the corridors and passages may be avoided. English architects and medical superintendents are pretty nearly agreed, and it is perhaps the only matter they are agreed upon, that an asylum should have its main front facing south, or south-east, or south-west, as may be thought most suitable to the formation of the land. Taking into consideration the variableness of the English climate, and the importance of seeing every gleam of sunshine vouchsafed to us, the Author thinks that English architects and medical superintendents are right in their views on this matter. But it must be remembered that the French and Belgian, and possibly the German authorities, hold

opposite views, and believe that the main exposure should be east and west, the blocks running north and south. There may be something to be said in favour of this position in certain forms of asylum construction. For instance, if the blocks were long, placed far apart, projecting at right angles to the central corridors, and only one, or, at most, two stories high, it would be manifestly the best aspect ; but then, although the whole building would face east or west, one main elevation would certainly face south.

In "setting out" the building, care must be taken to choose such a part of the estate as will permit of future extension. In connection with the above points it may be observed that one serious error is frequently, if not invariably, made by the building committees of our county and borough asylums, and that error is that they do not appoint their medical superintendent soon enough. The appointment is generally made a few months before the asylum is opened, and not until it is structurally complete, when nothing but furnishing remains to be done. Under these circumstances it is not to be wondered at that the medical superintendent finds many of the details of the building imperatively calling for alteration, and the cost of these alterations generally amounts to many times the amount of what the superintendent's salary would have been. The first duty, therefore, of a building committee should be to appoint their medical superintendent ; and if any committee doubt the wisdom of this proceeding, let them inquire at other asylums as to the amount of money spent on alterations, and they will be convinced of the true economy of the steps advocated.





CHAPTER II.

INSTRUCTIONS TO ARCHITECTS.

Choice of Architect.—Open Competition.—Chief Points for Architect.—Selection of Best Plans.—Estimating Cost of Work.



AFTER it has been decided by the Court of Quarter Sessions, or County Council, to build a new county asylum, a building committee is appointed by the Court to see the work carried out. There are three courses of proceeding in this matter.

1. The county surveyor may be called upon to prepare plans for the asylum. This course should never be followed. There are at least fifty chances to one that the plan is not the best obtainable, and it is shutting out all other architects from any chance of the commission—or, to put it in another way, it is giving one man a small fortune merely because he happens to be a county surveyor, and is holding a fairly well paid permanent appointment.

2. The course exactly opposed to this is an unlimited competition, and with certain restrictions and safeguards it is the one to be generally recommended.

3. There is also the limited competition, in which six architects are invited to send in plans, and a certain sum is promised in respect of each of the six designs. Everything here depends upon the selection of the competitors, and it is most unlikely that any building committee can select the six best asylum architects in England. Probably those would be selected who had already had some asylum experience. This is one of the falsest of criteria, for it is notorious that, with scarcely an exception, the second or third attempts of asylum architects are not improvements on their earlier ventures.

Returning to the open competition system as the most promising,

if properly carried out, we give it as our opinion that certain restrictions and conditions should be made imperative.

First of all, the instructions to architects should be as complete as they are usually vague.

The competitors should not be in any sense cramped in their search for the ideal; but, as most committees are imbued with a certain leading idea of what they want, this idea should be plainly stated, so that unnecessary trouble and expense may be saved.

The chief points to mention are—

1. The type of asylum required. Is it to be in blocks, or on the corridor system, or a mixture of these?
2. Is the style to be Gothic, Italian, or classic; or any of the manifold modifications of these?
3. The number of blocks should be stated.
4. Method of warming, lighting and ventilation.
5. Not only the exact number of beds, but the cubic space per bed should be given.
6. Number of single-bedded rooms.
7. Chapel detached or incorporated with the building.
8. Superintendent's house. Is it to be part of the asylum, connected by a corridor to the main building, or is it to be entirely detached?
9. Is there to be provision for private patients?
10. Is there to be a detached hospital for infectious diseases?
11. Material of construction,—brick or stone, quality thereof, and thickness of walls.
12. Permissible amount of ornamental detail.
13. Roofs. Quality of slates. Ridging.
14. Internal walls. Plaster and cement.
15. Floors of oak, pitch pine, or yellow deal.
16. Passages. Kind and quality of material for flooring.
17. Additional buildings,—lodge, farm, cottages, gasworks.

The mere enumeration of these requirements would in no way hamper the competing architects, on the contrary they would make the competition much more even.

In the first instance only pencil sketch plans should be asked for—a ground plan and a first floor plan drawn to a twentieth scale, and certain parts to an eighth scale, would be amply sufficient.

The sets of plans should be sent in without name or motto, being merely numbered in the order of receipt and the same number

placed on a sealed envelope sent with the plans and containing the author's name. Then the three, four, five or six best plans should be selected, and returned to their authors for completion, with the understanding that each design would be entitled to a premium. The difficulty would here be in the selection of the best plans. If the building committee selected the plans without professional aid they would most likely not select the best, and if they called in a judge he would certainly adjudicate in favour of the plan most nearly carrying out his own ideas. Probably the best course would be to appoint a committee composed of architects and medical superintendents of asylums and obtain their opinion.

In stating the estimated cost of the work, the architects ought to give the number of cubic feet and the amount per foot, the measurements to be taken from "out to out", halfway down the foundations to halfway up the roofs.





CHAPTER III.

THE CONSTRUCTION OF ASYLUMS.

Main Principles.—Minor Points.—Grouping of Blocks.—Roof.—Windows.—Blinds.—Doors.—Locks.—Floors.—Cornice.—Heating.—Staircases.—Passages.—Water Supply, Cold and Hot.—Baths.—Water-closets.—Airing-courts.



HERE are certain broad principles which should be ever present to the designer of an asylum for the insane.

1. The building should be constructed on some modification of the block principle.
2. It should not exceed two stories in height.
3. Each floor of each block should contain such dormitory space as shall be sufficient for those patients who occupy its day-rooms.
4. The passages between the chief blocks, at any rate, should be two stories high and fireproof, and the main staircases should be incorporated in these fireproof passages.
5. It should be possible to reach any given ward without passing through any other ward.
6. The single-bedded rooms should be sufficient in number to accommodate at least one-fourth of the patients, and should contain at least 800 cubic feet each, the floor space being at least 80 square feet. In the infirm ward as many as possible of the single rooms should open direct from the day-room. The gallery form of ward is, therefore, the most suitable for an infirmary.
7. The minimum day and night space should be 600 cubic feet each to each patient (*i.e.*, a floor space of 60 square feet);

but where there are separate dining-rooms, *and* a hall reserved for recreation purposes, the day-room space may be reduced to 500 cubic feet, except in the infirm ward.

8. Each ward should be provided with its own dining-room, and such dining-room should be in addition to the day-room space of 500 cubic feet per patient.
9. The corridors connecting the various parts of the asylum should be not less than eight feet wide, and they should never be placed under the level of the sills of the single-room windows.
10. The whole of the ground floor should be on one level.
11. There should be abundance of light and air, and to ensure this, three walls of all day-rooms and dormitories should be free. This is almost equivalent to saying that the gallery or corridor only should touch the ward.

Any asylum constructed in accordance with the first six of these principles is almost certain to be an institution easy to work and easy to superintend, and attention to the remaining five would be highly desirable.

MINOR POINTS IN ASYLUM CONSTRUCTION.

This would seem to be the best place to mention certain minor points in the construction and fitting-up of asylums.

The elevations should not contain much ornamental detail. Carved stone and projecting string-courses should not be used. A good general effect should, however, not be lost sight of, and it should be obtained by the grouping of the various blocks around a central water and clock tower, and the blocks may be flanked by the turrets containing the subsidiary water-tanks.

The roofs are invariably covered with slates, and lead roll and flange will be found better and more durable than ridge tiles or slate roll and flange, although somewhat more expensive. The eaves should not project much beyond the walls, as when this is done swan necks have to be used to connect the gutters with the down pipes, and these frequently become blocked, and cause injury to the walls when the water escapes from the joint above the stoppage. Similarly there should be no "shoe" at the plinth. The down-pipe should be blocked out from the wall, so that it may run straight from the eaves-gutter to the rain-water pipe in the ground. The best form of window for day-room and dormitory is some

modification of the French casement, the top part being an oblong hopper opening inwards from the transom-bar, and the lower part divided by a rather large mullion, each division thus made having the sash hung on swivels. The sashes of all divisions should be of wood, but the bars may be of iron. The hopper permits of easy and efficient ventilation, without perceptible draught, as the current is directed upwards to the ceiling; and the swivel arrangement of the lower sashes permits one section to be opened either with or against the direction of the wind as may be wished. Such windows not only render ventilation easy, but they obviate the necessity of using sash-weights, locks, or blocks, and, moreover, the windows are much more easily cleaned. A further advantage is that they look better in elevation than the ordinary double-sash window, and are very much stronger. The window recesses should have linings and plain architraves, and all the day-room windows should have shelves for flower-pots.

The top of the stone sill should on no account be more than two feet nine inches from the floor level. Attention to this minor point will do more than almost any other to make the wards bright and cheerful, and it is very frequently overlooked; why, it is not easy to say. Even when the day-rooms have low windows it will often be found that in the single-bedded rooms they are so high that the tallest man could not see out of them, constituting that prison-cell arrangement elsewhere commented on. Most of the single-room windows should be provided with shutters, and a battened shutter is better than a panelled one. It should be securely hinged to the lining with not fewer than three steel hinges, and the lining should here be extra strong, and have additional plugs. When open, the shutter should lie flat against the wall, and when closed it should be flush with the "lining" and "nosing", so that no projections exist. It should be fastened with two locks, and, to prevent a multiplicity of keys, these locks should be the same as the ordinary pass-locks. The top part of this shutter should be fitted with a grating as large as it can be without unduly weakening the shutter. Iron bars about half-an-inch in diameter, nine inches long, and one inch apart, are better than the grating, being stronger and admitting more air and light.

Day-room and dormitory windows should be provided with blinds. A good blind roller suitable for asylums has hardly yet been invented.

The American ratchet roller, although good of its kind, will not

stand the hard wear. The spring roller is perhaps the best, and although somewhat costly, will, like some other expensive things, be found cheaper in the end.

The ordinary six-panelled door is the best for day-rooms and dormitories, and the four upper panels should be of strong glass—plate in the case of outer doors, and a somewhat lighter quality for the inner ones. Most of the single-room doors may be treated in the same way; but it is often advisable to leave the top panels open, because cross-ventilation of the rooms is ensured thereby, and any noise can be more easily heard by those in attendance. A few of the doors should have shutters, padded or otherwise, which can be put up when the room is occupied by violent or untrustworthy patients.

The door-locks must be arranged in suites, and the outer doors must have separate master-locks. Chubb's, Hobbs' or any similar system of lever locks will be found most suitable, and dead locks are better than spring ones. For single-room doors the American mortise-bolt answers well, and latches having handles on the outside only are perhaps still better.

It has been already recommended to use oak or pitch pine for the floors. The floors should be sunk for large door mats at all the outer doors. The internal walls should be plastered throughout, but it is much to be desired that the lower five feet of plaster give way to a dado of Portland or Parian cement.

A plain cornice is a great improvement to the rooms. It takes off a disagreeable angle, and lends itself readily to chromatic treatment. With proper flues and gratings in the outer walls, it may also serve well as a means of ventilation.

The heating arrangements for wards are referred to in another section. Here it may be mentioned, that the fenders should be of York stone, about six inches high and three inches wide. This may be surmounted by an iron rail about twelve inches high, and, with a small brass or iron fireguard hung on the grate bars, will be found ample protection. The high iron fenders and locked fireguards are now almost universally discarded.

Bath stone answers very well for chimney pieces. A simple frieze and jambs with chamfered edges are enough. The shelf is better omitted, as it harbours much dust and its convenient position renders it very likely to be used as a receptacle for many things not ornamental.

The staircases are invariably constructed of stone. The hardest

York stone soon wears to hollows at the treads, and it might be well to make a trial of the Croft adamant or some other make of artificial stone. The length of the steps should not be less than five feet, the tread not less than eleven inches, and the risers not more than six inches. Handrails should be supplied. There should be no winders, and quarter spaces should be free from steps, if possible. A coal-lift in the centre is useful.

The passages are generally laid with tiles of the common red-and-black kind, which almost invariably wear soon, and, what is worse, wear unevenly. The better class tiles wear well and look well, but are somewhat too expensive for a county asylum, where much surface has to be covered. Granolith, or one of the concretes, would be free from the charge of undue expense, but some kinds are very slippery and others ugly. Wood-blocks laid on concrete would be warmer and nearly noiseless to walk on, but they would probably be difficult to keep clean, and would detract from the fireproof character of the passages.

It has been already said that the main water-tanks should find places in the central tower, and in the turrets crowning the staircases. The smaller tanks for supplying the baths, lavatories, water-closets and sculleries would, of course, be in the roofs of their respective blocks. The hot-water tanks are usually placed alongside those for cold water. The water is more quickly warmed by allowing the steam to pass into it direct by means of a T piece, having many small perforations, than by the more common form of coil. When a coil is used it is better if made of copper than of iron. The water used in most of the English asylums contains much inorganic matter, and unless this has been removed previous to use these hot water-tanks should be often cleansed, as the carbonate of lime becomes deposited on the coils and renders the heating process slow. Rain water-tanks should be formed near the laundry and kitchens, and should be very large.

Copper baths answer very well, but need too much cleaning, and they are now everywhere giving place to baths of enamelled earthenware. The bath should not be "cased", as the casing prevents the safe from being easily inspected and cleaned. The pipes conveying the water to the baths should be of large size, not less than one inch and a quarter in diameter, and the taps should correspond. The handle of the hot-water tap should be removable, and the handle of the cold-water tap should lie over the plug of the hot-water one. By this means it is impossible to turn on the hot

water until the cold water has been turned on—a matter of some importance in asylums.

The waste should also be of large size. It should never burrow itself in the floor, but should pass direct through the wall to the pipe conveying the contents to the drain. This pipe and drain should be so arranged that they join those from the water-closets, and so the latter will obtain an extra flush at least once a week.

The water-closets should be on one of the flush-out systems, and, like the bath, should have no casings to conceal the basin and trap from view. It is even more important here than in the case of the bath waste, that the pipe should not pass through the floor. It must pass direct to the down-pipe, which must be of large bore, four-and-a-half or five inches, and this pipe should pass straight through the eaves and several feet above. It may terminate in one of the favourite “extractors” which are much in vogue at present. Whether these inventions really “extract” the vitiated air the present writer cannot affirm, but they form a seemly finish to the end of the pipe, and they may possibly prevent down draught. The basin and trap (in one piece) should stand further from the wall than usual, and the pipe connecting the trap to the down-pipe should have a large screw-plug in it, so that in case of a “block” it can readily be cleared. In the better class wards, the ordinary “pull handle” may be used to liberate the flush, and if there be any fear of the chain been used for suicidal purposes, it could be enclosed in an iron tube. In other wards, the best form of flushing is by means of the door. Attached to the head of the door is a chain which plays over a pulley and passes on to the lever of the water-closet cistern. When the door is opened, one or two gallons of water are discharged into the basin. Some prefer the seat action, but it is frequently “out of order”. One water-closet to ten patients will be ample. The walls of the water-closets should be lined with glazed bricks; tiles are apt to become loose.

The form of water-closet described above may be used as a urinal and slop-sink. Additional urinals are advisable, if not essential, in asylums. Those of earthenware are not to be recommended; those of enamelled iron of the trough pattern answer best. All varieties have a tendency to smell. Frequent flushing is the only preventive, and hot water is better than cold for this purpose.

AIRING-COURTS.

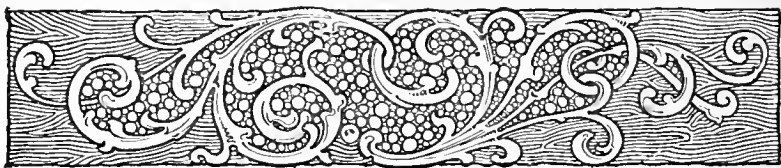
Formerly, and even yet in the older asylums, the airing-courts were surrounded by high walls, on one or both sides of which was a hawhaw, or sort of dry ditch, the object being to enable patients to see over but not to climb over the wall. There is a story told of a facetious medical superintendent who had a series of ladders placed against the airing-court walls, thinking thereby to increase the vigilance of his attendants. Whether he had more or fewer escapes than other superintendents is not recorded, but at the present time not only the ladders, but also the walls, are discredited as being comparatively uncalled for. The doctrine of trust, as applicable both to attendants and patients, is more largely believed in and more extensively carried out year by year. Exercise beyond the airing-courts, and even beyond the estate, is gradually becoming the rule where formerly it was the exception. Nevertheless, as the land in immediate contact with the airing-courts is almost invariably used for agricultural purposes, a fence of some kind is necessary, and perhaps the best kind would be a low wall of about eighteen inches in height, with a stone coping in which is fixed a light iron railing. The courts should be laid out as gardens, and orchards, and lawns. The walks should be twelve or fifteen feet wide, and laid down in asphalte or concrete. All the courts should have sunshades and kiosks.

Shallow ponds give the courts a pretty appearance, and they form a habitat for tame aquatic birds. In case of fire, too, the water would be useful.

Airing-courts such as these are all that is necessary for the vast majority of the patients; but most asylums contain a few determined runaways, or criminals, or very excitable cases, and a central airing-court is desirable for these. Such courts are found in the Whittingham, the Hull Borough, and the Berry Wood asylums, and doubtless in some others.

The airing-court gates should be wide enough to permit the entrance of the fire-engine and fire-escape.





CHAPTER IV.

ASYLUM BUILDINGS.

Administrative Departments : Their Position, Aspect, etc.—Distribution of the various General Offices, etc.—Water Tower.—Recreation Room.—Chapel.—Medical Superintendent's House.—Laundry.—The Hospital Buildings proper.

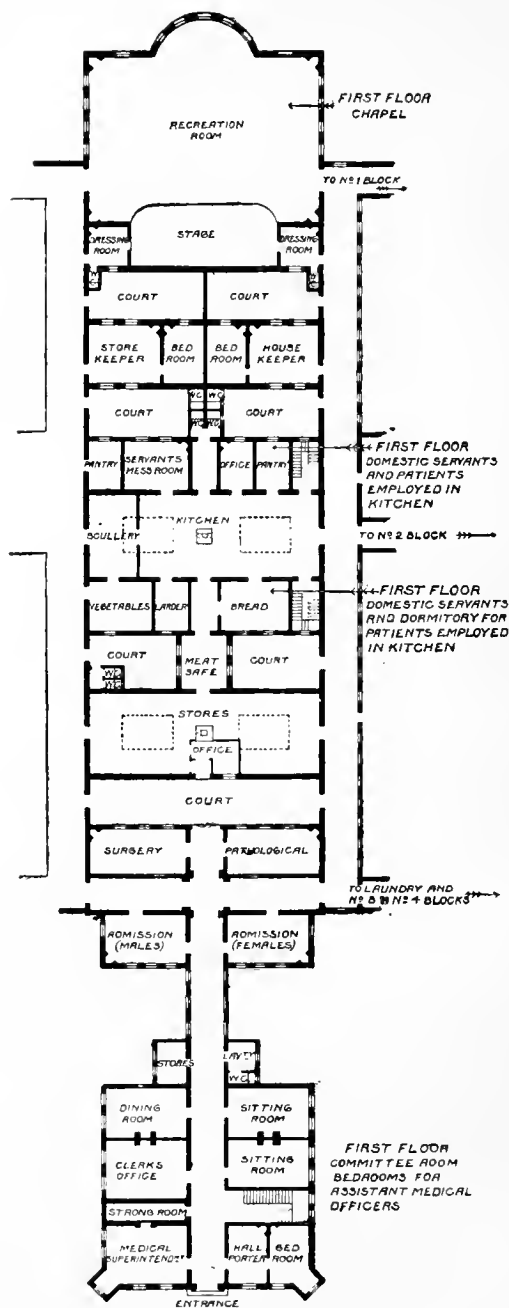
ADMINISTRATIVE DEPARTMENTS.



ALL county and borough asylums, and all large asylums generally, consist of an administrative department and of the hospital buildings proper. As adjuncts to these, and almost invariably met with, are the superintendent's house, chapel, farm, gas-works, and a detached block for the treatment of infectious diseases.

The administrative department always ought to occupy, and it generally does occupy, a central position, the wards being arranged around it or on either side of it, in various ways to be described in another section of this work. Inasmuch as the various forms and arrangements of the wards do not greatly affect the administrative department, it will be convenient at this stage to describe the group of offices usually comprehended under the designation of "administrative department".

The great majority of English asylums have a southern aspect, and the recreation courts being placed in front renders it advisable to place the main entrance to the north, so that it will not be overlooked from the wards and courts. This plan is usually followed, and although it has much in its favour, it nevertheless prevents the main elevation from being seen by those visiting the asylum. Hence many English asylums have a somewhat mean appearance from the main approaches.



ADMINISTRATION BLOCK
OFFICIAL PORTION

SCALE OF 0 5 10 20 30 40 50 60 70 80 90 100 110 120 130 FEET

The administrative department should contain an entrance hall of size suitable to the rest of the building. From this hall should branch off the porter's room and waiting-room, committee-room, ante-room, medical superintendent's office, assistant medical officer's quarters, clerk's office, chaplain's room, with sleeping-rooms for such of these officers as may be resident. These rooms constitute what may be called the first section of the administrative department. It is, as already stated, usually, but by no means invariably, placed to the north. It is almost always a two-story building, and there is no reason why it should not be of three stories—perhaps the only part of an asylum of which the same may be said.

Adjoining the above-mentioned offices, or possibly separated from them by a corridor, are the dispensary, visiting-rooms for patients' friends, a general store-room, matron's or housekeeper's stores, kitchen, scullery, meat-safe, vegetable-room, mess-rooms for attendants, nurses, and domestic servants, and sleeping-rooms for the latter. The head attendants' and head nurses' rooms are usually placed near the centre. Lastly, there are the recreation-hall, the dining-hall, and the chapel. The basement of the general store-room may contain a cellar for beer or heavy goods. There should be a subway to it from the outside, and a staircase leading from the store-room.

The water-tower sometimes occupies a place in the administrative department. It may be placed over the main entrance, or over the kitchen scullery, or over some point of intersection of cross-corridors. In any of these positions it has an extremely imposing effect, and forms a conspicuous object in the pile of buildings, seeming to group the various blocks around it. It is desirable to place a clock over the water-tank, and the dial may be illuminated.

If the entrance hall be properly constructed, and protected by glass doors and a porch, it may be used as a waiting-room.

In the accompanying plan, the ground plan of what may be called the official part of the administrative department contains the superintendent's office, the clerk's office, fireproof room, clerk's sitting-room, sitting-rooms for the assistant medical officers, and hall-porter's room and bedroom.

The first floor contains the committee-room and four bedrooms for the assistant medical officers and clerk. Lavatories and bathrooms are provided for the residents in the block adjoining the fireproof passage, which connects it with the main building. At the end of the passage are the receiving-rooms for males and females, and

beyond these rooms is a part of the north corridor from which the surgery, and case-book room, and pathological museum open.

At the junction of these with the corridors are the foundations of the clock tower, containing the tank for the water-supply of the whole administrative department.

Next to the surgery and pathological room is an open court, followed by the general store,—a large room running from side to side, and having hatchways opening on male and female cross-corridors for the delivery of stores to the various departments. Under the general store-room there may be a cellar for heavy articles, with a subway from the adjoining court on the male side. An open court divides the stores from the kitchen department, and the court contains the raw-meat store, having a hatch for the delivery of meat to the kitchen.

Surrounding the kitchen are the various offices, comprising the housekeeper's office, the domestic servants' mess-room, the pantry, kitchen, scullery, bread-room, vegetable-room, and dairy. Above these offices are the sleeping-rooms for the domestic servants, and for such patients as work in the kitchen.

The kitchen should be fitted up with a range having a large oven attached to it. In the centre of the kitchen there should be eight coppers for boiling. These should contain about fifty gallons each. There should be one large tea-copper, containing about 100 gallons. Two vegetable steamers and a good-sized gas-cooking-stove will complete the larger of the kitchen fittings. These coppers and steamers are supplied with steam from the main boilers; but in case of a break-down happening in the boiler-house it is advisable to have a smaller cooking apparatus fitted-up in the scullery and heated by its own fire.

At the south of the kitchen department is an open court, and next to it are the rooms of the storekeeper and the housekeeper, the former being approached from the male cross-corridor and the latter from the female cross-corridor.

Lastly, and forming the centre of the south elevation, is the recreation-room, with its stage, and dressing-rooms. Above this room is the chapel.

THE RECREATION ROOM.

This room is 70 feet long and 50 feet wide; these measurements being exclusive of the stage, and dressing-rooms, and the apse.

The stage should always occupy a position in the centre of the long diameter of the room, so that those patients who may be at the back may be able to see and hear.

In many of the asylums the recreation-room is an extreme oblong, with the stage at one end. Neither the shape of the room nor the position of the stage can be justified, as the hall has to be used as a ball-room as well as a theatre, so that raised seats cannot be provided for those at the end furthestmost from the stage. Moreover, unless the dressing-rooms are placed in a basement, both the stage and the rooms are cramped. In either case the stage should be high, not less than 3 feet 6 inches, and the floor should not be level, but should slope forwards and downwards from behind, about half-an-inch in every foot. The floor of the hall should be of oak or pitch pine. The boards should be of narrow width, and skew-nailed.

THE CHAPEL.

The building used for religious services in asylums is known as "the chapel", although in our county and borough asylums it is used exclusively for the services of the Church of England. One reason for the name is that it is not usually consecrated. If a building be once consecrated neither it nor the ground on which it stands can be used afterwards for other purposes, and it has very often happened that when an asylum has been enlarged, or more chapel room needed and a new chapel built, the old one has been converted into a recreation-room, or dormitory, or adapted to some such purpose.

The chapel should be large enough to hold fully one-half of the inmates, and should be in all respects similar to an ordinary church. Means for warming and ventilating should be carefully considered and well carried out. Separate entrances should be provided for men and women, and it is desirable to have a third entrance for officers, and also as an additional means of exit. All doors should open outwards.

Small retiring-rooms are found close to the entrances in some asylum chapels, and these would seem to be intended for the accommodation of those seized with an epileptic fit or with sudden illness during the service. These rooms are rarely used for the purpose intended, and are not in any way necessary. Much difference of opinion exists whether the chapel should be entirely detached from the main building or not. The advocates of a

separate church hold that this is more pleasing to the patients, being more in accordance with their previous habits. It is also thought desirable to separate worship as far as possible from the asylum associations.

The first of these arguments could hardly be advanced by anyone having practical experience of the feelings of the insane; whilst the second is even more senseless, as there is not one patient who is able to join in religious services who does not know perfectly well that the chapel is part of the asylum, even if it be placed at the furthest point of the asylum estate. The writer, therefore, is of opinion that an asylum chapel should occupy a central position in the main building. It may very conveniently be placed over the recreation-hall, and it is thus shown in the plan opposite page 14.

This arrangement immensely improves the elevation of the central block to the south, and has only one slight drawback, namely, that it curtails the height of the recreation-room below, and necessitates the use of columns or very strong girders. Another position would be in front of the recreation-room, connected with the main building by circular corridors, springing from the passage leading to the first blocks; but this plan is less convenient, more expensive, and encloses the recreation-room more than is desirable.

With a chapel incorporated with, or attached to, the main building, many more patients can attend divine service than where there is a detached chapel. With the former the congregation is independent of the weather, but with the latter it is found that service has often to be postponed on wet days, or has to be hurriedly held in the recreation-room, or the patient's clothing gets soaked. It is a serious thing for several hundred persons at one time to become so wet that a general change of clothing is imperative. A great strain is in such a case cast on the wardrobe and laundry departments. Even if only boots have to be changed, the trouble is still considerable. Moreover, detached chapels are rarely used except on Sundays. Daily prayer in such cases has to be held in the recreation-room, and that is a practice not greatly to be desired. In conclusion, then, it may be confidently advised, that an asylum chapel should always form part of the main building.

MEDICAL SUPERINTENDENT'S HOUSE.

The medical superintendent is required by law to reside on the asylum estate. His residence should be a comfortable house, con-

taining not fewer than three public rooms and eight bedrooms. Most superintendents prefer that their houses should be entirely detached from the main building, as they are thereby rendered more private and further removed from the noise and other drawbacks sure to be present to some extent even in the best managed asylums.

The present writer is firmly convinced, after long experience, that the superintendent's residence should be built quite apart from the asylum. To a bachelor it does not so much matter ; but, then, boards of visitors do not much like to appoint a bachelor to the post of medical superintendent, and when they do so appoint, they often insist on a promise to marry in a given time. To a married man, however, there are the strongest possible reasons why the house should be detached, and scarcely one reason why it should not be. If the house form part of the main building, or if it be connected by a corridor, it is simply a source of temptation to a weak or careless superintendent to leave his asylum duties. So much is this the case that it would be easily provable that where the residence is detached the medical superintendent spends more time in the asylum than in those asylums where it is incorporated with the main building.

There is no English asylum without an assistant medical officer, and in these days of electric bells and telephones the medical superintendent can be instantaneously summoned in case of an emergency. In spite, however, of all the manifest drawbacks, it is common in the newer English asylums to find the residence either forming part of the administrative block or connected by a corridor with one of the wings. It is hard to say which is the better of these positions. If in the centre block, the house is so much overlooked that it can hardly be called a private residence at all ; and if it be connected by a corridor to one of the wings, the noise and presence of the patients in the recreation-courts are so pronounced that it is rendered a most undesirable position for a family. The Scotch Commissioners in Lunacy would refuse to sanction any plans where the doctor's house was not entirely separate, whereas the English Commissioners almost insist, at present, on the opposite.

The conversion of the English Commissioners to the Scotch idea is a consummation devoutly to be wished for. Dr. Kirkbride's remarks on this subject are so sensible that we make no apology for extracting them in full.

"It is practicable to have a house specially provided for the physician's family, not more than a couple of hundred yards from

the hospital building, where they can be entirely private, see their own friends and provide their own table, without interfering in any way with the institution, or causing any difficulty in the thorough performance of this officer's duties. With efficient and trustworthy assistant physicians, stewards, matrons, supervisors, and patients' companions—to whom may now be joined the use of the telegraph and telephone—it has been my experience that no disadvantage results from this arrangement. The time of the physician will, of course, be mostly spent in or about the hospital, and his own residence will be so near, that his presence can, at any time, be secured almost as quickly as if in a distant section of the institution. It must be obvious that the families of physicians may often be so circumstanced, that the most competent men might feel compelled from private reasons, to resign their posts, at the very time when their services were most desirable, if they were forced to live in the hospital buildings, and this arrangement might also frequently prevent admirably qualified persons from engaging in this branch of the profession.

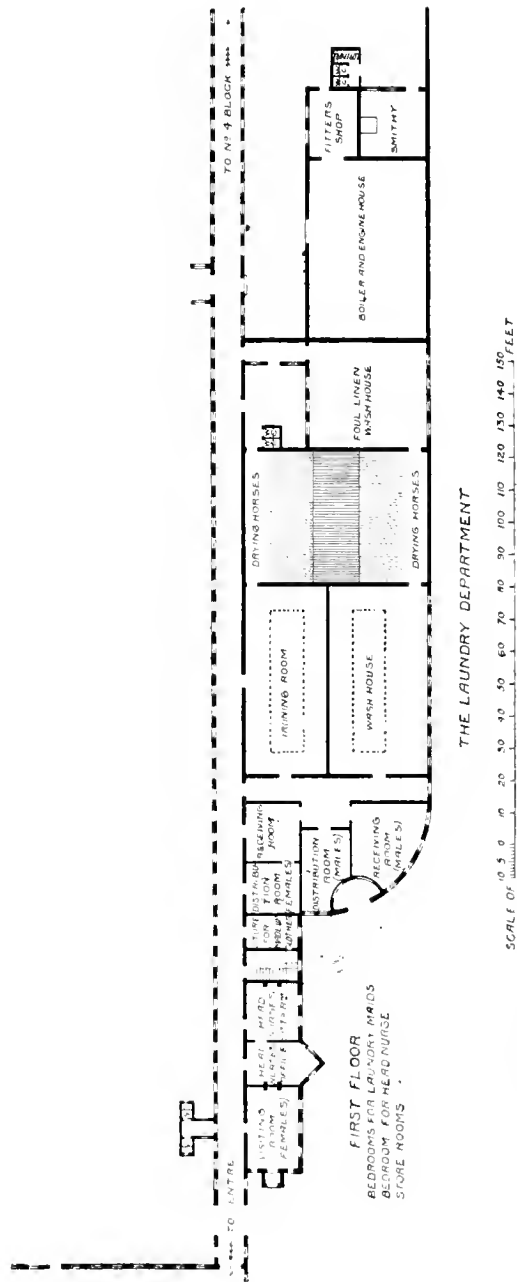
"An institution will profit nothing by having its chief officer so situated that he can have no moments of leisure, none for study and reflection, no hour in which he can occasionally get out of the sight of his charge, and no time to devote to his own family, whose natural claims on him ought not to be entirely absolved by any public duties.

"The character of his pursuits, if zealously and faithfully performed, makes some kind of change of scene and occupation more necessary than in almost any other vocation. Variety of thought and labour is rest to him, refreshing his mind, and enabling him to return to his post with increased energy and renewed strength."

Returning to the north corridor, and passing along it for about 50 feet, we come to the visiting-room for female patients. This room has a porch and outside door, as well as an entrance from the corridor. Next to it are the head nurse's office and sitting-room, and on the first floor are two bedrooms and a dormitory for some of the domestic servants.

THE LAUNDRY.

The laundry department comes next. It contains receiving and distribution rooms for the clothes from the male and female departments, a large wash-house and ironing-room running side by side,



and beyond these the drying-closets. By this arrangement the clothes are taken direct from the wash-house and placed on the drying-horses. When dry the horses are drawn out on the ironing-room side, and so all confusion is avoided.

Adjoining the drying-closets is the foul linen wash-house, having a small open court attached to it, and beyond is the engineers' department, containing the boiler-house, engine-room, smith's shop, and a large enclosed space for the storage of coal. The mortuary and *post-mortem* room for females are in a corner of this yard.

Not much need be said as to the fitting-up of the laundry. As much as possible of the washing should be done by hand, therefore the wash-house should have a long range of fixed tubs, each tub having hot and cold water-supply. Two large washing-machines should be fixed near the centre of the wash-house, and each machine should be fitted with a wringer. In the first machine all the clothes are rinsed and passed through the wringer, the soap-suds passing back into the washer. The clothes are then transferred to the second machine and there thoroughly cleansed, after which they are passed into a range of two or three rinsing-tanks; from the last of these they are put into a wringing-machine, preferably a centrifugal one, which should stand close to the door of the drying-closets. Taken out of the wringer, the clothes are placed on the horses, and, as already stated, when dry are drawn into the ironing-room and there finished and assorted for the distribution rooms. The foul linen wash-house should have a small washing-machine, large rinsing-tanks, and one or two coppers of about 70 gallons each. Three or four drying-horses should be provided, so as to keep this linen entirely separate from the rest.

The main wash-house may advantageously contain two large coppers and a small soap-boiler.

The ironing-room should contain two hand mangles and one steam mangle, and all other fittings and appliances usually found in a private laundry.

The boiler-house should have two boilers, each of about 28 feet in length and 7 feet in diameter. The boilers are required to be of this large size, because not only have they to drive the pumping engine, but they have to supply steam for the hot water-tanks in the laundry, the kitchen, and bath-rooms, and, in some asylums, for heating certain parts of the building. One twelve-horse engine will be found of sufficient power, but it is desirable to have a duplicate in case of a break-down.

Returning again to the centre of the north corridor, and passing along it to the east or male side, we come to the visiting-room for male patients, and the room for the head male attendant, these being the same as the corresponding rooms on the women's side of the building. The work-shops occupy a similar position on the male side to that of the laundry on the female side. We have first the bakehouse with its flour-store: then the brew-house, the shops for the plumbers, painters, carpenters, shoemaker, tailor, and upholsterer, and a small laundry for the foul linen from the male wards.

The enclosed court adjoining these would contain sheds for coal and timber.

The mortuary and *post-mortem* room for men are in similar positions in this yard to those on the women's side.

This concludes a description of those parts of an asylum which are common to both sides, and of those parts in which differences exist between the male and female departments.

THE HOSPITAL BUILDINGS

proper will now be described, and as the male and female sides are so much alike, one description, *mutatis mutandis*, will suffice for both.

Taking the block next the centre, it will consist of two floors, and each floor will communicate with the centre by a fireproof passage,—that on the ground-floor opening into the recreation-room and cross-corridor, and that on the first floor into the chapel. The staircase is incorporated with the fireproof passage, and thus links the floors together. The length of this fireproof passage will be decided by the disposition of the site on which the building stands, but it may be stated that 50 feet will be found amply sufficient, and 25 feet would do.

Passing the foot of the staircase, we come to the short passage leading to the dining-room, which room should be of dimensions sufficient to accommodate all the patients in the ward. Close to the dining-room is a small scullery. The system of giving patients their meals in rooms attached to their wards has much to commend it. Not only is it more home-like, but it is much easier to carry food to the ward than it is to take patients to a common dining-hall, and the meals are served warmer and more comfortably. Patients invariably like it better, and it is more

popular with the staff. The present writer has had experience with both systems, and pronounces emphatically in favour of that which enables each ward to have its own mess-room. But, as elsewhere remarked, the dining-room must be in addition to the usual day-space, and the room should be so placed that it is both easy of access and easily shut off from the rest of the ward. The extra expense of providing these rooms is trifling when compared with the cost of an asylum, and by having them the recreation-room can be kept solely for the purpose of recreation and amusement, an advantage far outweighing the extra cost.

The first ward on the ground-floor of the first block is intended for the sick and infirm patients. It may be here remarked that although the designer of an asylum may name one ward "The Infirmary", another "The Acute Ward", and a third "The Epileptic Ward", the medical superintendent will not adhere to the architect's views. He will classify his patients in accordance with his own views, and place them where he thinks they will be most advantageously "warded" for their own sake and for the good of the asylum generally. It is doubtful whether a single asylum in England has its inmates distributed as the architect intended they should be. Again, as to the sizes of the various wards much latitude must be conceded, and an asylum should have its wards arranged to suit the classes of patients found in the district where the asylum is situated. An urban population needs more infirmary space than a rural one; and one county will supply a large number of paralytics, while another will have very few. While, therefore, a certain variety in the sizes of the various wards composing an asylum is a desirable thing, there should be no struggling after effect to obtain this. The best asylum is the one which works most harmoniously with the minimum of trouble, and not necessarily the one which looks best on plan or elevation. One English county asylum for 600 beds has a laundry-ward for eighteen patients, although certainly twice that number would be needed to do the laundry work. Another, for 1,300 or 1,400 patients, has an enormous central dining-hall. How this could be utilised properly never once struck the architect. Yet another has but few single rooms attached to its infirm wards, and not one of these single rooms is in sight of the day-room. To superficial observers all these asylums look well on plan and elevation. But how do they work? One had to have the laundry-ward enlarged, another did not use the dining-hall for the purposes of dining, and the third

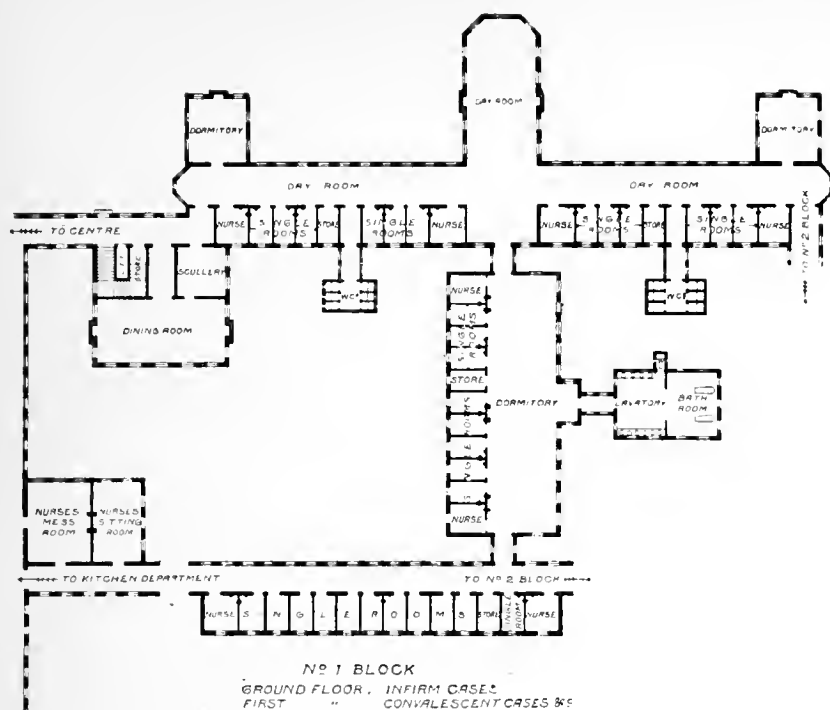
must find the watching of patients in the single rooms a difficult or expensive problem.

The infirm ward on the plan on the opposite page, consists of a long gallery, from the centre of which springs a day-room to the south, and the gallery is recessed to the north, so as to increase the day-space, and provide means of cross-ventilation in the length of the day-room as well as in its width. There is a large bay-window at each end of the gallery, and two small dormitories project to the south. The infirm ward of an asylum should always be provided with some dormitory space facing south, to be used for bed-ridden cases.

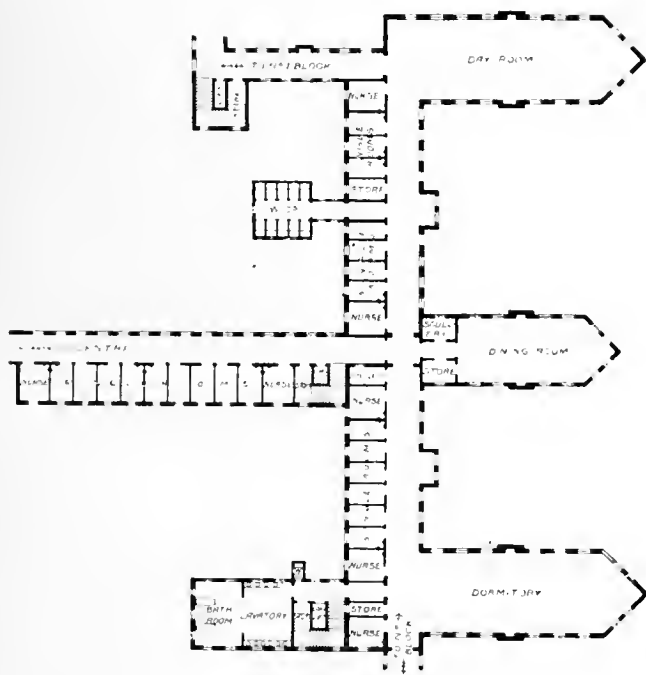
There are twelve single-bedded rooms and four nurses' rooms opening from the gallery. The water-closet blocks project to the north, and are cut off from the ward by ventilating passages and a double set of doors. A large dormitory opens from the day-room, and eight single-bedded rooms and two nurses' rooms are attached to it. The lavatory and bath-room block projects from the dormitory. To the north the dormitory opens into the passage which joins the main centre to No. 2 block, and attached to this passage are eleven single rooms and two nurses' rooms. The single rooms would be used for such cases as needed no special supervision during the night. The dormitory is well arranged for the night-watching of the sick and suicidal. Allowing fifty superficial feet for day-space and sixty for dormitory, there is accommodation for 72 patients in the ward; but it may easily be divided and treated as two, an arrangement common to other wards in this plan. The infirm ward needs a higher proportion of single rooms than other wards, owing to the number of bed-ridden cases always under treatment; a number, by the way, which seems to increase annually in all our county asylums. Here there are 31 single rooms in the total of 72. Each single room should contain a minimum of 800 cubic feet, but more is desirable. Those on the plan contain fully 900 cubic feet.

These rooms should be well lighted, and should as little as possible bear the prison-cell appearance found in many of the old asylums, and in more than one of the new ones. It frequently happens that they are lighted by windows placed over the roofs of an adjoining corridor, a system which cannot be too emphatically condemned. It shows poverty of design on the part of the architect, and a total disregard of the comfort of the patients.

But little attention is paid to store-room accommodation in



SCALE OF 0 5 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 FEET



SCALE OF 0 5 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 FEET

most asylums. A room useless for anything else, or a space under a staircase, is considered sufficient in which to stow away the bedding and clothing. This arrangement has a tendency to cause much confusion, and it is almost impossible for the attendants to keep their stock "straight". Store-rooms should, therefore, be of reasonable size, not smaller than the single rooms, and should be placed in positions convenient alike to day-rooms and dormitories. Here four store-rooms are shown.

Bath-rooms and lavatories should be placed in proximity to the larger dormitories, and each ward should have its own bath-room. A common room for purposes of bathing cannot be defended on any principle known to the writer. It is a good plan to have the bath-room opening into the lavatory, so that the latter can be used as a dressing-room. The bath-room floors should always be of concrete.

The wards occupying the first-floor of this block are in all respects similar to those on the ground-floor. The large ward, like its fellow, could be treated as one, or sub-divided if necessity arose. It would answer well for the convalescent cases, and for private patients where these are received. If so employed, the extra single rooms would be found very useful, as most convalescent and private patients prefer single-bedded rooms. It would contain eighty patients, as such cases do not require more than forty superficial feet of day-space and fifty feet of dormitory space. In all cases the ceilings are twelve feet high.

Westward of No. 1 block is a fireproof passage, with which, as in the other passages, the staircase is incorporated. The brickwork of these staircases is carried up of sufficient height to form turrets, in which the tanks for the storage-water are contained. The turrets should be treated architecturally, so as to form striking features in the elevations. The passage opens into the day-room of No. 2 block. This day-room is connected with its appropriate dormitory by a gallery. From the centre of this gallery, and exactly opposite the corridor leading to the kitchen, is the ward dining-room, of size sufficient to seat all the patients. The gallery is relieved on either side by a rectangular bay. The single-bedded rooms, nurses' rooms, and store-rooms are ranged along the side of the gallery, and the main staircase, the bath-room, and the lavatory, project at right angles from it. There are eight single rooms, two nurses' rooms, and a store-room adjoining the centre corridor, and a staircase provides access to the first-floor. The single rooms in this

position would be used for such cases as are likely to be noisy during the night.

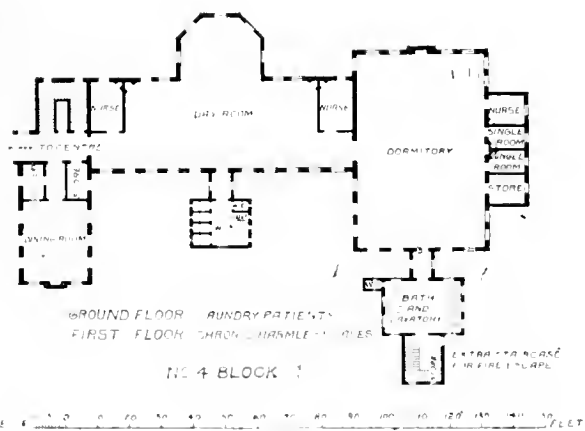
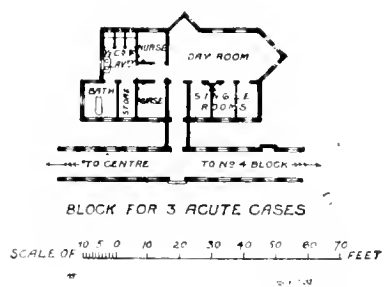
There is day-room and dormitory space for sixty patients. In size and position the ward would be suitable for the excited cases, and would contain the majority of the epileptics. The first-floor is the same as the ground-floor. It would accommodate a like number of chronic cases, and would be suitable for those of a somewhat excitable type.

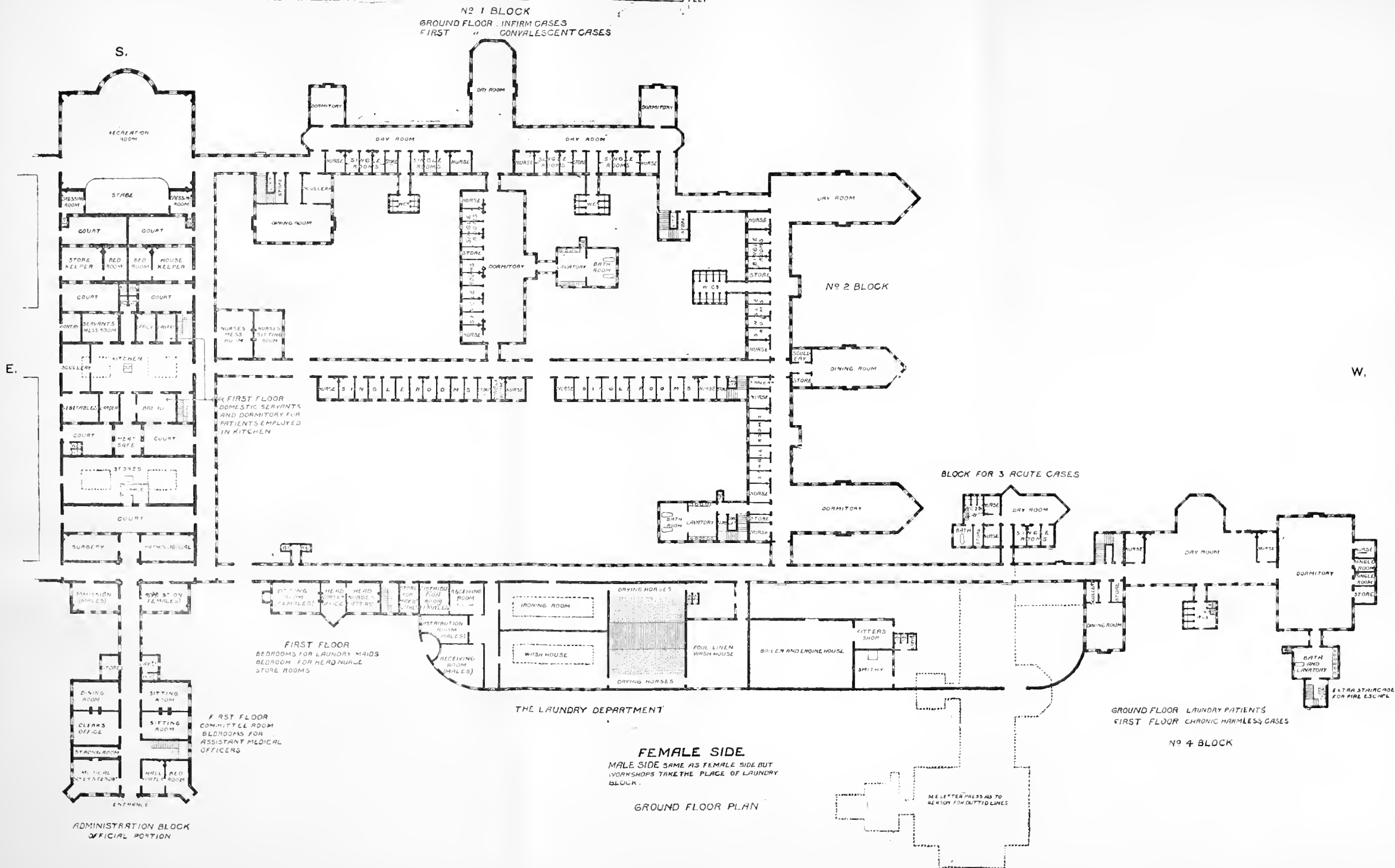
The next, or No. 3 block, contains a day-room, three single rooms, two nurses' rooms, store-room, bath-room, and lavatories. It is intended for recently admitted cases suffering from any very acute form of insanity. Such a block would afford an opportunity, where the medical superintendent so willed it, of treating patients suffering from acute mania or acute melancholia in a ward undisturbed by the presence of chronic patients.

In another chapter the subject has been discussed and an opinion stated against the treatment of lunatics in separate hospitals. Whether this modified form of the idea would find favour with medical superintendents of county asylums is doubtful; but it is certain that a small block for a few patients would often prove most useful. Occasionally a patient is admitted from a district where infectious disease has been prevalent. It is not always justifiable to refuse admission to such a case; at the same time it is not quite right to place it in a large ward. The small block could then be used for quarantine purposes. Similarly, when infectious disease has actually broken out in an asylum, the presence of such a ward would enable the medical superintendent to separate doubtful cases from the healthy as well as from those in the detached hospital for infectious diseases. To keep such doubtful cases in a large ward is unfair to the healthy, and to send them to the hospital until it is certain they are infected is equally unfair to themselves.

Further, in most asylums there is common experience of diarrhœa assuming a typhoid, or persistent, type. The detached hospital would scarcely be opened for patients so attacked, but the small block would be extremely useful in such cases, as it could be brought into requisition without trouble, delay, or expense.

No. 4 block is placed at the end of the north passage, which communicates direct with the centre. The ground-floor has day-room and dormitory space for fifty patients. The laundry patients would occupy it on one side and the artisans on the other.





The first-floor would also accommodate fifty patients of the chronic, harmless kind.

These sections, as described, when placed together form the plan on the opposite page, and No. 4 block is shown in direct line with the north passage, manifestly the best position for it where the site permitted it. In circumstances where this arrangement could not be carried out, the block would be placed at right angles to the passage, as shown by the dotted lines. This would reduce the total length of the asylum by 320 feet.

The asylum will accommodate 750 patients, of whom 222 have single-bedded rooms. The dormitory space is nowhere under 600 cubic feet per patient, and the day-room space is considerably in excess of the requirement of the English Lunacy Commissioners. This requirement is forty superficial feet per patient, but, if there be a common dining-hall, then thirty feet will be allowed. In the infirm and convalescent ward the day-space is almost fifty superficial feet, and in the other wards it is forty. In all cases there are dining-rooms in addition.

There are seventy-six rooms for attendants and nurses.

To make the asylum of appropriate size for about 600 beds, it would be necessary to take off thirty-two beds from No. 1 block, twenty-four beds from No. 2 block, and twenty from No. 4 block.

The Plans in this section are drawn to the scale of one inch to sixty feet.





CHAPTER V.

MODEL PLANS.

An Asylum for 300 Beds.—A Private Asylum for 200 Patients.—Accommodation for Idiot Children in County Asylums.

AN ASYLUM FOR 300 BEDS.



COUNTY asylums for 300 beds may be said to be things of the past. Until of late years boroughs were generally united to their respective counties for asylum purposes, either by having joined in the expense of building the original asylum or by having entered into quinquennial contracts for the reception of the borough patients. Now, however, the county asylums will not bear much further enlargement. All the beds are needed for the patients chargeable to the county proper; consequently the boroughs have received notice to quit, and are building, or have already built, asylums of their own.

The accompanying plan was sent in to the competition invited by the Maidstone Borough Magistrates. It much resembles that for the Borough of Derby by the same authors, elsewhere referred to; but generally speaking it may be said to be a superior plan.

The site of the proposed buildings is somewhat cramped, and it is very uneven from north to south, and considerably so from east to west. This unevenness in the ground, and the present method of competition, will account for some of the faults which are noticeable in the plan.

The recreation-room, for instance, has its end, instead of side, towards the south, and several of the corridors and passages are on different levels.

The infirmary dining-room is insufficient to dine all the infirm

50' L.E. OF FEET



patients, and the cloak-room and nurses' room at the other end of the gallery should scarcely take up space at such an important part of the ward. It ought to have been planned as a small dormitory: each floor is self-contained: the cubic space seems ample. Day-rooms and dormitories are well cross-ventilated, and there are 88 single rooms.

No. 2 block is not supplied with dining-rooms, it being the intention of the committee to use the recreation room as a general dining-room.

PRIVATE ASYLUM OR HOSPITAL FOR THE INSANE.

Attention to the points which have been adversely criticised, and the addition of about twenty single-bedded rooms and eight nurses' rooms (for which there is plenty of space along the middle corridor) would render the plan a very suitable one for 200 private patients, except perhaps for those usually known in private asylums as the "first division of the first class". For the latter, ordinary villa residences on the estate are the most suitable.

The day is probably far distant when any committee of visitors will avail themselves of the permissive clause of any Lunacy Bill and build for private patients. To be useful, such a clause must be compulsory; and if compulsory it may be safely predicted that the Bill would not pass through Parliament.

ACCOMMODATION FOR IDIOT CHILDREN IN COUNTY ASYLUMS.

While the provision for English pauper lunatics may be described as extremely good in most cases, it must be acknowledged that idiot children are not well cared for.

Under their appropriate headings reference has been made to the larger idiot asylums and hospitals, namely, the Metropolitan Asylum at Darenth, the Earlswood Asylum in Surrey, the Royal Albert Asylum in Lancaster, and the Eastern Counties' Asylum at Colchester.

The first of these is a purely pauper institution, and receives patients from the London districts only; the second contains a mixture of private cases and cases admitted by ballot to the charitable fund; the third is somewhat similar, but, in addition,

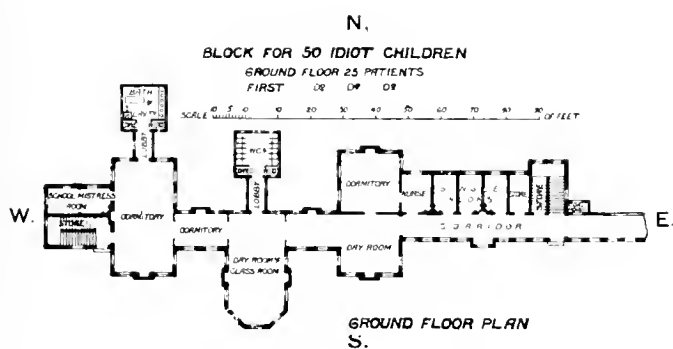
it admits idiot children chargeable to the unions of the northern counties, and the rate charged to the respective unions corresponds to that charged in the northern county asylums; the fourth is under the same system as the second. In addition to the above, there are the Starcross Asylum, Devon, licensed for 150 patients; the Knowle Asylum, Birmingham, licensed for 60; and Downside Lodge, Bath, licensed for 7. The Metropolitan Asylum at Darenth, when not full, presumably admits idiot children of any degree of idiocy, provided they are chargeable to the District; but in the others the patients are more or less selected.

The accommodation in the above-named asylums is wholly insufficient even if it were possible to get the children admitted. The result is that one or two idiot children are found in most of the rural workhouses, and in the urban workhouses they are much more numerous. In most county asylums a few are to be found wandering about the wards. It is impossible to state the number of idiots in England and Wales, because they are included among the lunatics. Towards the end of 1886 enquiries were made throughout the county of Northampton, and the ascertained number of idiot children chargeable to the rates was 31. This number is almost certainly too low, and it takes no account of those children whose parents are not classed as paupers.

Many years ago the visiting justices of the Warwick County Asylum erected a block close to the asylum for the accommodation of 150 idiot children. For some reason the scheme failed in its object, and the block now contains adult lunatics and about eight idiot children.

At the present moment no county asylum has special accommodation for idiots except the Berry Wood Asylum at Northampton. Here a block for 50 children has been erected. A plan is given on the opposite page.







CHAPTER VI.

WARMING, VENTILATION AND LIGHTING OF ASYLUMS.

WARMING.



THE rays from the sun possess the property of passing through the air without warming it, and air can only be warmed by coming in contact with warm bodies. Thus Nature has shown us that the rays of heat from an open fireplace constitute the natural method of warming our rooms. In our English climate, the popular plan is generally sufficient for the purpose, provided the fireplaces are sufficiently numerous and constructed on the best principles; but the expense of this system is great, and in certain parts of an asylum it is either not permissible or it would involve an unjustifiable amount of trouble and expense. Hence it is usual to supplement it by some other means, and there are several plans more or less commonly in use for this purpose.

The first, and the one which the present writer would almost entirely trust to, is that of slow-combustion stoves of the Musgrave or any similar type. To take the case of the infirm ward in the plan facing page 24, it would be found that four open fireplaces, fitted with tubular firebacks, and two slow-combustion stoves, would be sufficient to keep up the temperature of the gallery and day-room even during the coldest English winter. The stoves should be kept alight during the night, and very little attention on the part of the night-nurse is sufficient to ensure this. By this means the temperature of the day-room does not fall much, and if the open fires are re-lit on the day-nurses resuming duty the patients on leaving the dormitory have a comfortable warm room to sit in. In all our large asylums, there are at least two

dormitories on either side of the asylum where the patients are kept under observation during the night by a special nurse appointed for that purpose, and in these dormitories the same system of warming would be in force. In all but the very largest sleeping rooms one stove and one fire would be sufficient.

These dormitories are, moreover, sufficient to accommodate all the sick and feeble patients, and for the others who are, presumably, in fair general health, no artificial warmth is needed, or, at most, only rarely needed. These remarks apply to day-rooms and dormitories; but there are always a few single rooms occupied by patients who are either seriously ill, or who throw off their bed-clothes. For the first, nothing answers so well as the open fireplace. It is at once a source of warmth and an efficient ventilating agent. For the second, the tubular fire-backs already spoken of will be found the readiest method; but they can only be used when there is a fireplace in the gallery or room adjoining the single room. In other cases recourse must be had to some other plan.

HOT-WATER SYSTEM OF WARMING.

Of this there are two methods, one known as the low pressure or open system, in which the water circulates in large pipes about three inches in diameter, the pipes being fed by a boiler. This is a system which frequently fails, and when it succeeds there is almost always an unpleasant smell. It is, perhaps, a fortunate circumstance that failure is so common. The second system is the high pressure or enclosed system. Here there is no boiler, but a coil of pipe is placed in the furnace, which coil is, of course, continuous with that placed in the room to be warmed. The pipe is of small bore and very strong. These pipes occupy but little space, and give off much heat. Of the two systems the latter is the better one for asylums.

Warming by means of coils containing steam is another plan. It is handier than either of the hot-water systems, and if properly used, may often be found of service, especially in single rooms. Here the best position is in the wall between two single rooms, the wall having a grating on each side. The system common in some countries of forcing hot air through the rooms from furnaces in the basement is almost never used in England. It is, in fact, the most objectionable of all the systems.

While it is a fact that air of almost any degree of coldness can be breathed with perfect safety, provided we keep the surface of the

body warm with plenty of clothing, and while it is also true that highly warmed air causes illness, it is tolerably certain that air may be warmed by stove, coil, or furnace, up to 50° at least without giving rise to discomfort. Therefore, it may be advised to use slow combustion stoves, hot-air tubes, steam or hot-water coils, exclusively for dining halls, passages, or any other parts of an asylum not habitually used by patients. Even in parts constantly occupied by patients these means should be employed, when circumstances forbid the use of the best method, as it is manifestly safer to inhale warmer air for a short time than subject the surface of the body to a temperature possibly many degrees below freezing-point. But we repeat that where the choice exists, and it generally does exist in English asylums, these systems should be limited in their operation. They should be used only as adjuncts—rarely as the chief means.

VENTILATION.

Closely allied with arrangements for warming are those for ventilation. How to warm a room is not, generally speaking, a difficult problem to solve, and how to ventilate it is equally easy of solution ; but to combine these operations is not always easy.

The greatest difficulty is felt in the infirm ward. Here it is essential to keep up a temperature suited to the feeble and paralysed cases always under treatment, and the difficulty is increased tenfold by the fact that many of the insane are of faulty habits.

The means most commonly adopted in asylums are Tobin's tubes in day-rooms, dormitories and single rooms, "hit-and-miss" gratings close to the floor level for the entrance of pure air, and gratings close to the ceilings, opening into flues conveyed through the roof, for the extraction of the vitiated air. Sometimes these flues are carried up close to the smoke-flue, and an upward draught is rendered more likely. In other cases the extraction-flues are carried to a turret in which a few gas jets are kept burning ; or they may be conveyed to the turret in which hot-water tanks are placed. Sometimes Arnot's valves are inserted in the smoke-flues. Frequently sunburners are used to extract the impure air, and when properly constructed they are among the most efficient aids to ventilation. Any or all of these methods will be found useful when the external air is too cold to permit of the windows being opened, and perhaps the best are Tobin's tubes, especially when

these tubes can be placed on several sides of the room to be ventilated.

Mr. Tobin states that where pure air is allowed to enter a room the impure air will certainly find its way out by some other channel. To a large extent this observation is true ; and it seems tolerably certain that in many cases the good effects obtained from so-called extraction-flues is owing to there being a down draught of pure air rather than to an up-current of vitiated air. Whatever system be adopted, it must be borne in mind, that every individual renders impure 2,000 cubic feet of air every hour, and some attempt should be made to supply him with a like amount of pure air. A simple calculation will show that the mere amount of cubic space in any dormitory or day-room is of far less importance than the system of ventilation. Complicated systems of ventilation are seldom, if ever, used in English asylums.

LIGHTING.

With one or two exceptions, the English public asylums are lighted by gas. The day-rooms and dormitories should have sun-lights, and the galleries pendants.

The single rooms should have gas jets placed on the outside of the room above the door, a square of strong plate glass being inserted in the wall, so that the light is safe from all interference on the part of the patient. Some of the single rooms, such as are used in the infirm ward, are lighted by brackets within the room, and the jet is protected by a wire globe, or sometimes only the burner projects from a patress of enamelled iron. As all asylums have engine power, the introduction of the electric light can only be a question of time. Already the new Gloucester Asylum and one or two others have adopted it for the recreation room.





CHAPTER VII.

DRAINAGE OF ASYLUMS.

Size and Construction of Drains.—Inspection-Pits.—Drains not to be under Buildings.—Shape, etc., of Main Drains.—Disuse of Manholes.—Drains should Communicate with Chimney-Stack.—Gradient of Drains.—Position of Settling-Tanks.



HERE is scarcely anything special to be said concerning the drainage of an asylum. It should resemble that of any other large building. The drains leading from the water-closets, baths, and lavatories should be formed of six-inch sanitary pipes, and the joints should be carefully laid with cement, the greatest care being taken to leave no inequality on the inner surface. Between the down pipe and the sanitary pipe there should be an inspection-pit, formed of brick and lined with cement. This pit should have an air-tight cover of stone or iron. These inspection-pits should be repeated every thirty yards in a straight drain, and at all points of union of two or more drains. A trap outside the building is rarely necessary. No drain should be laid under any part of the main building, and when one passes under a corridor it should be formed of one piece of enamelled iron piping and covered with three or four inches of concrete. Until within the last few years it was pretty generally admitted that the main drain should be in the form of an oviform culvert made of brick. Lately it has been objected, and with some show of reason, that such a drain is rarely entirely flushed, and that it is impossib'le to give the bricks a perfectly even surface however carefully they may be laid. A nine or twelve-inch sanitary pipe is, therefore, preferred, laid as above directed for the smaller ones. The older drains had ventilated manholes at certain distances

along their course. These are of doubtful advantage and are now seldom used. The main drain should invariably communicate with the chimney stack, and this communication should be made at the highest possible point of the drain.

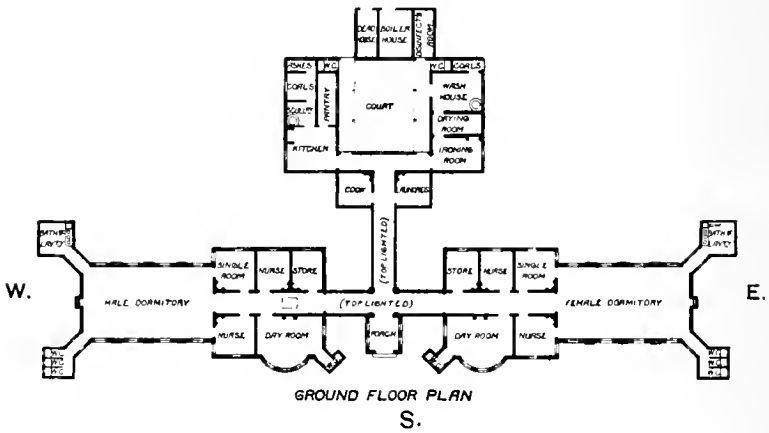
The conformation of the land on which the asylum stands will in most cases decide the amount of fall which the drains are to have. In no case should the fall be less than will give a velocity of two-and-a-half feet per second. In constructing the settling-tanks (*see* chapter on sewage irrigation) care should be taken that it is placed so that the prevailing winds will not blow the effluvia towards the asylum. If not dangerous the effluvia are certainly disagreeable.

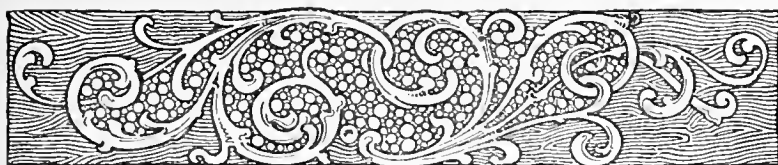


N.

HOSPITAL FOR INFECTIOUS DISEASES

SCALE OF 0 10 20 30 40 50 60 70 80 90 100 FEET





CHAPTER VIII.

DETACHED HOSPITALS FOR INFECTIOUS DISEASES.

Size and Cost Variable.—Hospital at Berry Wood Asylum.—Its Accommodation, Arrangement, Heating, and Cost.



AT least twenty of our county asylums have detached hospitals for infectious diseases, and many others have cottages or other buildings on the estate which could at short notice be converted into more or less suitable receptacles for fever cases.

The size of these hospitals varies much. The Lichfield hospital contains six beds and that at Stafford eighty-five, while the cost ranges from £820 to £8,000.

The plan here given is that of the hospital erected in the year 1886 at the Berry Wood Asylum, Northampton. It contains dormitory accommodation for fourteen patients, allowing 2,000 cubic feet of space to each bed. In addition to this there are two day-rooms, each containing about 3,500 cubic feet. There are rooms for four nurses and two domestic servants. The store-rooms are large and fitted with fireplaces, so that if need be they could be used for extra nurses. The administrative department contains the kitchen, sculleries, ironing-room, drying-closets, wash-houses, disinfecting-room, boiler-house, and mortuary. The hospital could therefore be managed quite separately from the main building.

The dormitories are 40 feet long, 22 feet wide, and 14 feet high.

The bath-rooms project from one corner and the water-closet block from the other, and are separated from the dormitory by ventilating passages.

The piers between the windows of the dormitories are hollow and communicate with the outer air by "hit-and-miss" gratings.

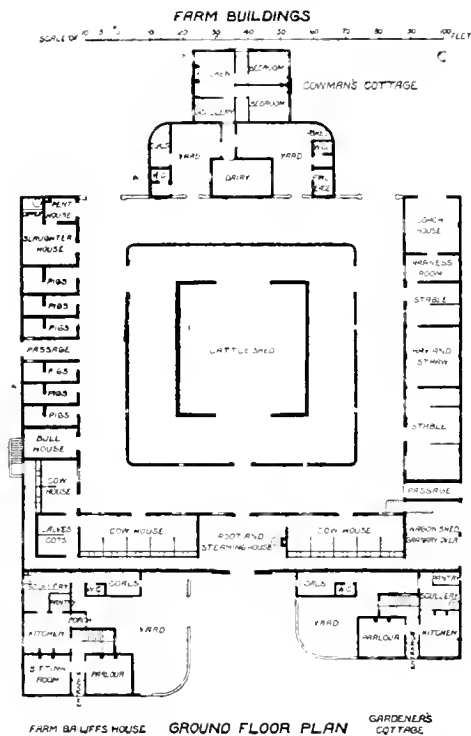
Openings in the cornices of the rooms permit the fresh air to enter. The roof-space is utilised by means of openings in the ceilings, and the vitiated air is drawn from the roof-space by Boyle's extractors. The rooms are lighted by sunburners, the tube from which opens into the smoke-flue and would materially help in the ventilation.

The building is warmed by slow combustion stoves and grates. The latter are supplied with Greene's tubular firebacks, by means of which much warmed fresh air is thrown into the rooms.

The cost of the hospital was £2,700. The chief fault lies in the dormitories, which ought to have been eight or ten feet longer.

Many interesting facts concerning infectious hospitals for asylums are to be found in a pamphlet printed by Dr. Sheldon, of the Cheshire County Asylum.







CHAPTER IX.

ADJUNCTS TO ASYLUMS.

Entrance-Lodge. — Farm-Buildings. — Gasworks. — Stables, etc. — Attendants' Houses.



IN addition to the detached hospital for the treatment of infectious diseases, there are other adjuncts invariably found on the estate ; and these ought to be provided for in the instructions to architects.

An entrance lodge.—This need not be large. A cottage containing sitting-room kitchen, back kitchen, and two bed-rooms would be sufficient. A weigh-bridge should be attached to the lodge.

Farm buildings of size suited to the extent of land under cultivation. Those shown on the accompanying plan would be suitable for a farm of 100 acres, and it is pretty certain that no asylum farm should exceed this. Cottages for farm bailiff, gardener, and cowman should form part of these buildings.

The *farm-bailiff's cottage* ought to be of somewhat better character than the others, and should contain not fewer than four bed-rooms and a good sitting-room, with the usual kitchen offices.

Gasworks.—When the asylum contains fewer than 400 beds, and is within reasonable distance of a town, it is probably cheaper to get the gas from the local company, as during the summer months the wages of the gas-stoker alone would pay for the gas consumed. But where the asylum is large, it is more convenient, and also more economical, to make the gas. No very definite idea can be given of the proper size of such gasworks, as the amount of gas burnt varies greatly, being affected by the number of out-door lamps, the number of day-rooms, officers' quarters, whether used for cooking, etc.

Stables, etc.—A stable and coach-house attached should be built

near the asylum, as many of the visiting magistrates drive to the asylum, and cabs and carriages are daily waiting for some purpose or other. Six stalls should be sufficient for the stable. A cottage for the store-porter, who generally has charge of the "house horse", should be near the stables.

Head attendant's house.—The head male attendant is generally a married man, and his house must be near and in electric communication with the asylum. A house similar to that of the farm-bailiff would be appropriate.

Attendants' cottages.—Charge attendants should have some inducement to remain in the service of the asylum, and nothing forms a stronger one than the prospect of a cottage and a good garden attached to it. Each cottage may have a sitting-room, kitchen, three bedrooms, and an attic. In number, these cottages must bear some relation to the number of charge attendants. It is not usual to charge rent for them. They are given as a reward for long service.

It is desirable that those artisans whose wages are charged to the maintenance account should live on the asylum estate.





CHAPTER X.

ASYLUM FURNITURE AND DECORATION.

Furniture not always Satisfactory.—Construction and Covering of Floors.—Seats and Chairs.—The Ilkley Couch.—A Couch for Twelve Patients.—American Hammock Chair.—Tables.—Window Furniture.—Book-Cases.—The Bedsteads.—Lavatories.—An Old "Restraint Chair".—Decoration ; its Influence on Insane.—The Ceiling.—The Dado.—The Covering of Walls.—The Windows and Doors.—Pictures.—Flowers and Ornaments.

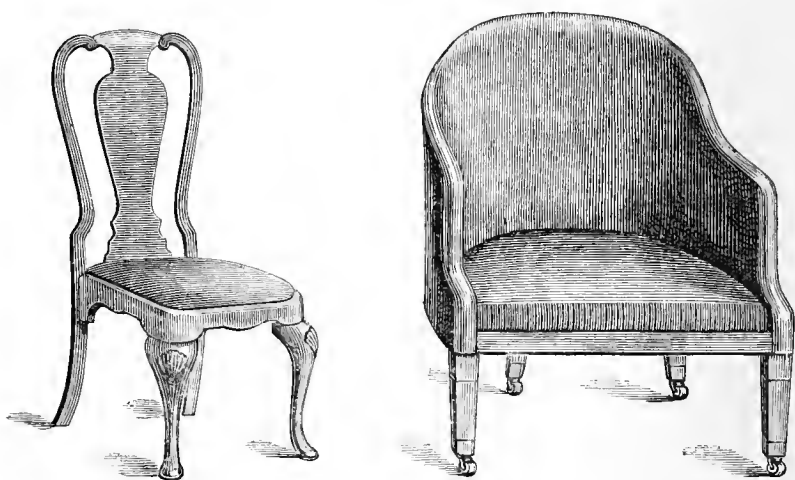


IN many English asylums the furniture is almost everything that could be desired. In other of the county asylums it is somewhat poor in quality, insufficient in quantity, and not very well constructed.

The element of expense enters in one place and cramps the efforts at perfection, while in another the taste and views of the committee, or of the medical superintendent, step in and decide the question. There is, however, everywhere seen an upward tendency in furnishing. More objects of interest, and more comfortable, home-like articles are to be met with now than would have been thought necessary, or possible, twenty years ago. Indeed, in the best English asylums the furniture much resembles that of a private house.

On entering a ward, the first point which claims attention is the floor. It should be of oak, or other hard wood, or, failing these, of pitch-pine. In the day-rooms it is best to leave it uncovered, and keep it bright and polished with beeswax and turpentine, or with a mixture of wax, potash, and yellow ochre, as used in some of the continental countries. The expense of this is certainly not greater than matting or linoleum, and as in a few years the boards become entirely non-absorbent, it must be presumed to be more conducive

to the good health of the inmates. Where funds permit, rugs or mats may be placed near the settees, and in places where the traffic is greatest. In the dormitories for all the better class patients the floors may be treated in the same way; but in those rooms set apart for the worst cases there is some difficulty in keeping the surface bright and free from stains. In these circumstances it is a good plan to paint the floor a bright brown colour, and give it one or two coats of oak varnish. This has been found better than covering the floors with linoleum. Indeed, where it has been tried, the dormitories are found much freer from objectionable smells, and this treatment possesses the merit of great economy.



CHIPPENDALE CHAIRS FOR ASYLUMS.

In some of the older asylums, where the floors are of white or yellow deal, a good effect has been obtained by staining and varnishing the floor for two or three feet near the wall, and then laying down linoleum in the centre. The object of the staining is, of course, to give it the appearance of an oak floor, and although it is a sham, it is a permissible sham under the circumstances stated. In choosing the linoleum, care should be taken to select a plain self-coloured brown, or one with a conventional pattern. Nothing is commoner than to see tile patterns in these conditions, and nothing can be more incongruous than inlaying a wooden floor with tiles. In all floors a three or four inch water-board should surround the room.

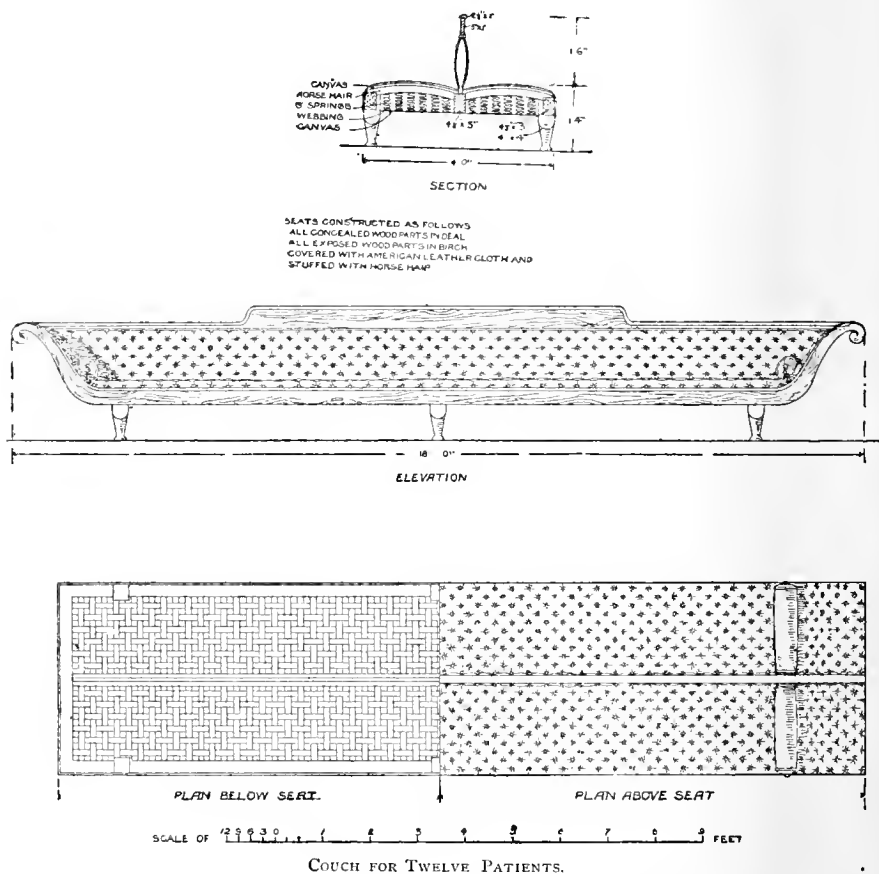
Next, after the floors, the seats and chairs are sure to claim

attention. The chairs most commonly met with were formerly, and are now in county asylums, of the Windsor or High Wycombe pattern, and both kinds are objectionable in asylums. They are too light to be really stable; they can be easily used as weapons; and they are constantly finding their way to the carpenter's shop for repairs. Further, they are not comfortable seats after the first half-hour or so, and they do not much contribute to the furnished appearance of a ward. It is well, therefore, that in asylums these common chairs be not often seen. Settees, forms, sofas, or long seats, are from every point of view, more suitable. The best length is about seven feet; and, perhaps, the best shape is that of a plain sofa, with stuffed back and seat. The top and lower rails of the back should not be covered, and a space ought to be left between the lower rail and the seat. The legs look better if not turned. Some modification of those found on the Sheraton and Chippendale furniture can be easily made by any carpenter, and they are prettier, more easily cleaned, and less liable to breakage, than the common specimens of turning so often met with. Such seats as are here described cannot be easily dragged about, and they can be arranged with great success in the larger day-rooms and galleries.

At the new Gloucester Asylum they have an excellent double couch in the day-rooms capable of holding twelve women patients comfortably. It would be improved by the rounding of the head-rail, but in all other respects this piece of furniture may be regarded as a model, and would be well adapted for the purpose of large hospital wards. We give illustrations of it on page 44 with the improvements suggested, and would commend it to asylum superintendents and hospital committees.

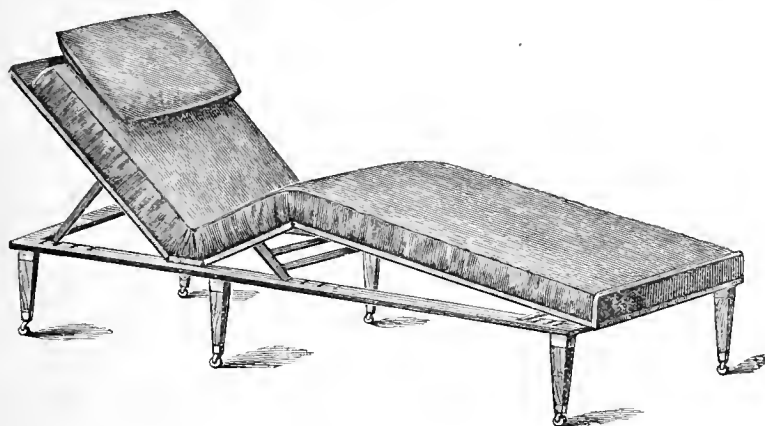
The Ilkley couch (page 45) is also an admirable invention, and we hope it will be extensively used in the infirm wards of all our county asylums. It is certainly rather expensive, and it can never be very cheap, as much labour has to be expended on it. Perhaps the patentee might be induced to make a cheap and strong form of it for asylum use. While we disapprove of small chairs for day-rooms, we give unqualified approval to the American hammock chair. Every variety of it is stable, comfortable, and cheap. In the infirm wards, the swing part may be of American cloth, or other waterproof material; and in the other wards, canvas or carpet will be found suitable. In all cases the material ought not to be nailed to the framework, but fastened with strap and buckle, so that it may be tightened from time to time. One of the best

materials for upholstering seats for asylum use, is that known as "tapestry". It is much like a thin Brussels carpet. The patterns are often extremely pretty, and the durability great, so that it is a cheap material. The form of American cloth known as "vegetable morocco", will also be found at once serviceable and seemly.



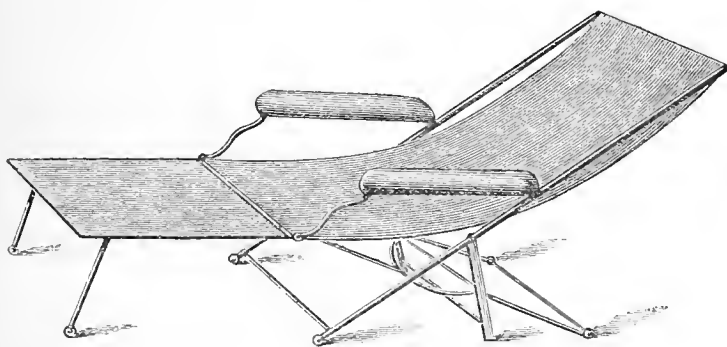
It is nowadays almost universal to give the patients their meals in halls set apart for the purpose, and this custom has done more than any other minor reform to ensure cleanliness and cheerfulness in the day-rooms. The large unwieldy tables, formerly met with, are everywhere giving place to light, elegant ones of mahogany, oak, or pitch-pine. It is a waste of both time and material to make up the softer kinds of wood into asylum furniture. It rarely looks well, and never lasts long, unless of undue bulk. In the

Northampton County Asylum many of the smaller tables are of bronzed iron, with white marble tops. These give a certain amount of variety in a ward ; but they are not particularly appropriate, and could hardly be recommended as examples worthy of extensive



THE ILKLEY COUCH.

imitation. In a room, or hall, used for no other purpose except that of taking meals, marble tables would probably be the best of all. They could be cleaned with great ease ; and, as no table-cloths would be needed, there would be, in the end, a saving of



AMERICAN HAMMOCK CHAIR.

labour and material more than sufficient to justify the original expense. An admirable plan is to cover the top of the table with strong, white American cloth. A piece of wood, about one inch thick, should be screwed into the edge of the table, flush with the top. This arrangement is cheap, durable, seemly and greatly

cleaner as well as cleaner-looking than that of using table-cloths in county asylums.

In furnishing wards, it is of the utmost importance to avoid those articles which harbour dust and impede ventilation; consequently curtains and valances are things not to be commended. It is unquestionable that the graceful folds of hanging drapery soften the harsh lines of a room; but the effect is obtained at too great a cost, and it is still worse if an attempt at effect is sought by a flimsy white curtain of netted thread. Besides, if the window architraves are painted black, as they always should be, the want of curtains is never felt.

Book-cases should be seen in every day-room. The upper parts are better without doors of any kind, so that the books may be accessible to the patients at all times; the lower divisions can be either open or closed, as taste suggests.

In choosing bedsteads, the choice lies between iron and wood. Some hold wood to be preferable to iron, as it is homelier and warmer. A good size is 6 ft. 3 in. by 2 ft. 9 in. The bedsteads, whether of wood or iron, are better without projections or ornamentation of any kind; and canvas stretchers should be used in place of laths, the framework for this purpose having a screw arrangement, whereby the canvas can be easily tightened in the event of its becoming "baggy". Where the stretcher is properly constructed, straw palliasses may be dispensed with—a good thick hair mattress alone being sufficient. Iron spring mattresses are useful in some wards and for some patients; but their liability to rust prevents their being generally used. Copper or brass mattresses are consequently preferable. The wooden lath and copper spring can be used in almost any ward. For patients with faulty habits it is a good plan to have the mattress made in three separate pieces. As to the bedding, it is only necessary to state our opinion that white counterpanes are objectionable. In large dormitories the expanse of white is oppressive to the eye, and it has a tendency to destroy the effect of properly decorated walls and ceilings. In some asylums it is customary to take off the white counterpanes at night and put on coloured ones instead, on the mistaken notion that the former are prettier than the latter and should be reserved for daylight. This is a strange instance of want of appreciation of colour. In the present day woollen rugs and cotton counterpanes can be obtained in great variety, and if the colours are reasonably well chosen they immensely improve the appearance of a dormitory.

The remarks made concerning curtains and hangings in day-rooms apply with tenfold force to dormitories. Nothing can atone for a want of cleanliness and free circulation of air in a sleeping-room.

In bedrooms occupied by the so-called refractory patients, or "separates", lavatories with fixed basins and taps are the best, but for all others the common jugs and basins are to be preferred, as being more homely, more seemly, and more desirable and healthy.

The furniture of our English county asylums is often so much like that of an ordinary dwelling-house that these remarks may seem almost superfluous to those acquainted with the subject, but they may be useful to those less familiar with institutions in which the progressive tendencies of the age are plainly discernible. The differences in our public asylums are now of degree only—not of kind. All special asylum furniture has gone for ever. Fifteen years since or more we remember having seen a restraint-chair,—not in an asylum however. It was a high-backed arm-chair, made of birch, and of not uncomfortable shape. It was screwed to the floor, a strong leather strap was passed through two holes in the back. This strap was intended to pass across the chest of the patient, under his arms, and to buckle at the chair-back. By this means extra attendants could be dispensed with. As to the effect on the patient, we refrain from expressing an opinion. This chair is probably no longer in existence, certainly no longer in use, and English public asylums might be searched throughout without hope of finding any appliances in use for restraining patients. In former days such appliances would have entered largely into any description of asylum fittings and furniture.

DECORATION.

As a county asylum is an hospital for the care and cure of those suffering from a disease, the most trying perhaps of all our ills, it is surely incumbent on those in charge to employ all means at their command to hasten the recovery of the curable and lessen the monotony and irksomeness in the existence of those whose fate is a life-long residence within its walls. The nature of the surroundings of an insane person must be admitted to have a powerful effect on him, even although he may not be sensible of it himself, or seem able to appreciate it. Some of the German alienist physicians have told us that several varieties of insanity are directly affected by colour, and it has been proposed to treat

certain individual cases of mania and melancholia by coloured light. We believe this system has been tried in at least one English asylum, but with what amount of success we do not know. In any case it is foreign to our present purpose, which is to treat the colouring and decoration of the wards from an artistic point of view, and as they may be presumed to influence the mass of patients.

We have said in the foregoing chapter on furnishing, that the floors were first to be considered, and in decorating a ward the ceiling is in like manner the first thing to be dealt with. It is the only part of a room which can be seen in its entirety, and therefore every effort should be made to have it a success. The floor is in great part covered with furniture, and the walls are relieved with engravings, but the ceiling has absolutely nothing to break it, and if only one part of a room can have much time and care bestowed on it, that part should be the ceiling. And yet nothing has hitherto been treated so hurriedly and carelessly. It has been well said that the average middle-class English house wears a dismal aspect. There is an almost complete absence of harmonious colouring. Perhaps the walls have been treated without any reference to the woodwork. Where both have been studied, a ghastly patch of white overhead destroys the work, making all else look unfinished, and detracting greatly from any objects of art which may be present. Custom has decided this for us, or possibly where taste would override custom a fear of expense prevents the execution of something better. The white ceiling is, however, by no means cheap, as to keep it really white it requires to be renewed once yearly. If left longer its smoky hue is too apparent. In asylums the same lines have been followed as in middle-class homes, and with the same results though in an exaggerated degree; for while in the one the white ceiling can be measured by twenty feet square, there is in the other often an expanse of ten times that extent. It is not argued that any elaborate decoration would be justifiable in an institution which has to be supported from public rates, but where brightness and cheerfulness can be obtained at little if any additional outlay, there is no reason why something should not be attempted in the right direction.

A very good effect is produced by colouring the entire ceiling blue. It may be of almost any shade, from a medium blue to the palest sky tint. It should be remembered that blue is the only primary colour which can be used in large quantities with any-

thing like a satisfactory result to most tastes, and, as it recedes from the eye, a ceiling lower than the average will appear to have been raised by so colouring it. When a deep tint has been chosen, it may either be left plain, or gold or yellow stars may be stencilled over it at irregular distances and of various sizes. If gold be used, a narrow black line should separate the star from the blue. These stars are a decided improvement in a room, especially in a large room, but they do not look well in a long gallery. Where there is a cornice it will be wise to colour it according to the principle laid down in Owen Jones's twenty-first proposition, placing blue in the concave parts, yellow in the convex, and red where it can be in shade. Blue may be used in considerable quantity, yellow moderately, and the red a mere line. The primaries ought in all cases to be separated from each other by white, or by one of the lighter tertiaries well diluted. This mode of decorating the ceiling and cornice can be easily carried out by any workman, and the expense of the materials is by no means excessive, while the durability is so much greater than the ordinary white, that there is in the end a considerable saving. To match a ceiling such as we have described, a cream wall would be one of the best, and the effect would be improved if the lower three feet six inches or so of the wall were painted a dark maroon. The height of this dado must be left to individual taste, and to the use to which the room is to be applied, but it should bear a proportion to the rest of the wall not easily detected by the eye. For instance, if the room be twelve feet high the dado should not be three or four feet, but something under, between or above these. Thus, if the wall were 12 ft. high, the dado should not be 3 ft. or 6 ft., because the eye would detect these proportions. It should be, say, 3 ft. 6 ins., or 4 ft. 6 ins., or 2 ft. 9 ins. The maroon should be separated from the filling-in of the wall by a stencilled pattern, or by a paper border. The latter is perhaps the most effective, and very pretty designs can now be obtained from almost any paper stainer, at prices from a halfpenny a yard upwards. The common *tempera* colours answer well for the filling-in of the wall, and the new Duresco, or washable distemper, is both cheap and pretty. If oil paint be used the surface should have the gloss removed by "stippling" or "flatting".

A paper frieze is, we think, a decided improvement, and if the lower margin is finished with a narrow moulding of wood, the good effect will be further increased. The top surface of the moulding may be rebated (grooved), and it then forms a convenient place

from which to hang the pictures, avoiding the use of nails, which disfigure the wall, or of a picture-rod, which is expensive.

It is well to have the skirting-boards and architraves black, or a very dark bronze green, or Antwerp blue. The window and door linings may be complementary to the leading wall colour. Thus, a maroon dado may have a green door. Where one ward looks into another, they might advantageously be treated by complementaries, and the rooms taken together would harmonise. One of the best authors on decoration has laid it down as a principle that no room, or piece of decoration, can be complete which does not possess all the primary colours either alone or in combination. The red and yellow primaries must be used with great care, and should be placed at some distance from the eye, rarely, or only in very small quantities, on the eye-line. The combinations of colour are almost infinite, and a great variety of effects may be produced with the simplest materials. Very startling effects should not be indulged in, at least until some practical knowledge has been attained, but we may remember that the "finest harmonies lie on the verge of discord".

A good arrangement for a large ward or dormitory having plenty of light, is a pale blue ceiling, a deep purple dado, and a citrine filling-in for the walls. The dado border may have two shades of bronze green, pale brown, and grey with a little gold. The skill of the decorator will be shown in the arrangement and proportions of these colours. The ceiling may have a white or pale cream stencilled border round the margin, with small quantities of orange and red at regular distances along the border. Another favourite arrangement consists of a cream ceiling with blue centre pieces and corners, a pale turquoise wall, and orange-red dado, the woodwork, except the skirting and architraves, being of dark olive green. Such are a few of the more simple forms of decoration which we regard as suitable for the wards of an asylum. Those who wish to spend more time may beautify the dados with stencilled patterns, care being taken to select the best colours, the tertiaries being largely drawn on for this purpose.

When a room has been coloured as above described, the wall is darkest near the floor by reason of the black skirting-board, and becomes gradually lighter, from the dado and filling-in, until it joins the cornice, the whole conveying that idea of strength and solidity which ought always to be associated with a wall, while the blue, or cream, or decorated ceiling in like manner suggests the idea of protection and covering.

Not much more need be said of the woodwork, save that we would advise the decorator to avoid all oak-graining and marbling as being imitations barely excusable. A fashion has of late sprung up of staining and varnishing doors and skirting-boards, but, for reasons already given, it is a fashion which, in spite of its clean appearance, had better be left unfollowed. Supposing a ward to have a skirting-board varnished only, it is contended by recognised authorities that if the wall over it is coloured darker than the skirting, a feeling of insecurity results, which is quite fatal to repose. The wall seems about to topple over. On the contrary, if the walls are kept lighter than the varnished wood there is too much glare and dazzle. The door of a room is the part by which we enter and leave, consequently it ought to be one of the most prominent objects in a day-room as opposed to a bedroom. Here again varnishing is faulty, but if the architraves and linings are dark the fault is not so perceptible.

In arranging pictures for ward decoration, the same rules apply as in hanging them in a private house. That is, they should hang from two points, and not from one, as is the common practice; they should be placed on the eye-line, and the rings supporting them should be visible. Large pictures only should be placed by themselves. Smaller ones should be grouped, and where coloured and uncoloured ones are in the same room, it is advisable to hang them on different walls. Mirrors are not much in vogue for asylum decoration, and when found they are generally too large, and are placed over the fire-place,—one of the least suitable positions for them. In a corner of a room which needs lightening, a small mirror has often a very happy effect.

For reasons stated in the hospital section of this work, where a reference is made to the treatment of the walls of wards for the reception of active or infectious cases, the experience and experiments of the author point to the conclusion that paper and varnish form the best surface, whilst leaving nothing to be desired in the way of durability or appearance. In the same way, and for identical reasons, it is believed to be desirable to study the same method of treating walls in asylum buildings. One great advantage of this method is that a day-room, dormitory, or corridor of any shape or size can be treated as a whole, and the most satisfactory result, from an artistic point of view, thus be secured. Where wall-papers are used, a small geometrical pattern, or a *fleur-de-lis*, or something of that kind not repeated too often, may be used.

Where patterns, however, are chosen, in which impossible flowers are seen growing, as it were, out of the skirting-board or dado line and disappearing in the ceiling, the result is uniformly bad. We do not here refer to the beautiful, and correspondingly expensive designs of Walter Crane and Dresser, but to those cheaper papers more commonly met with. No pictures will be needed, because the paper will be specially designed and, if wisely chosen, will present as effective an appearance as walls hung with tapestry. Asylums offer this advantage over hospitals from an artist's standpoint that the paper used on the walls in the former institutions need not be varnished, and so the effect produced can be made as near perfection as it is perhaps possible to attain to. The expense of thus treating the walls of asylum dormitories, day-rooms, and corridors, would not be more than, if as costly as, the present methods employed, whilst the results would be found far more pleasing and satisfactory.

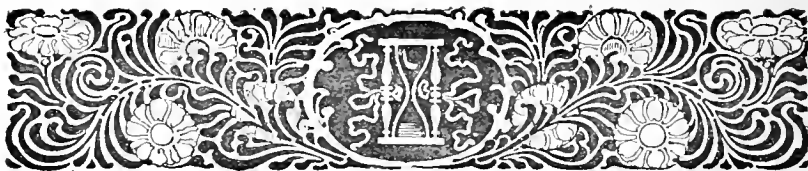
In many of the new asylums, and most of the older ones, there are dark passages, and staircases insufficiently lighted. In these circumstances a wooden frame glazed with stained glass, and placed about one foot from the wall, with a gas-jet burning behind it, will be found an easy plan of doing away with a blank wall or lighting a dark staircase. Of course proper ventilation for the gas-burner must be secured.

However successfully artificial decoration may be carried out, there is one natural form, namely, that by flowers, which must not be omitted. The bloom of geraniums, and the leaves and flowers of the calla, do much for a ward when the rays of light fall over them, and the handsome foliage of the *ficus elastica* has fine effect when seen against an orange red or terra-cotta wall. The Sussex Asylum is very remarkable for its profusion of flowers. Well-holes in asylum staircases are very rarely met with now. Where they exist, something might be done to make them safe by filling in the space at each landing with large wire baskets containing flowers.

Stuffed birds should be placed in day-rooms whenever they can be had. The peacock is one of the best and most easily procurable, and looks well when mounted on a perch. When smaller birds are used they may be placed on brackets, and in no instance should there be a glass shade over them. Indeed, it may be affirmed, pretty generally, that nothing which requires a glass shade is suitable for decoration or ornamental purposes.

Those who wish to study decorative art in all its branches, may be referred to Owen Jones, Dresser, Day, Eastlake, Conway, and Hawes, from whose works many of the above suggestions have been taken. Like every other study, some application and many experiments are needed to master it, and when it has been learnt the opportunity of carrying our knowledge into practice is not always present. We have often thought that in private asylums, where money is plentiful, one of the rooms might be decorated after the Egyptian style, another after the Moorish, a third after the Greek, and so on, until the most pleasing variety was produced. This variety in decoration would be much easier to carry out if the rooms in our private asylums, and public ones also, had structurally a greater variety. A parallelogram, with or without a bay-window, seems to be the only style which our asylum architects are at present inclined to cultivate.





CHAPTER XI.

SEWAGE IRRIGATION OF ASYLUM FARMS.

Different systems adopted.—Facilities afforded by asylums for sewage irrigation.—Quantity of land required.—System explained.—Its advantages.—Suitable crops.—Observed results.



ENGLISH county asylums are nearly always placed on high ground and on exposed sites—positions which have assuredly numerous drawbacks, but are nevertheless admirably adapted for carrying out sewage irrigation. Consequently we find that some system of application of sewage to the land is almost universal among them. How to deal with the sewage of a large town in a profitable manner would still appear to be a doubtful question. Intermittent downward filtration has been by no means an unqualified success, in spite of the favourable, or even more than favourable, opinions expressed of it in some places. Precipitation does not seem always to answer from a commercial point of view, and the proper quantity of land for the simple form of irrigation is rarely at command.

Chemists tell us that the value of the excreta of each human being is ten shillings per annum, and we anxiously await the discovery, or elaboration, of some system which will transmute, alchemist-like, this theoretical value into veritable gold.

In the meantime, it is fortunate that asylums are not likely to suffer in the same way as large towns, as there is in most cases plenty of land, and the simplest forms of irrigation can easily be carried out. The quantity of water used in asylums will not average less than thirty gallons a day for each person, and, therefore, in an asylum containing 600 patients and 100 officials there will be about 21,000 gallons of liquid sewage to be disposed of daily. This

quantity is, however, very often increased by reason of the storm water which finds its way into the sewers, and which, to a certain extent, must be looked upon as beneficial, as it ensures occasional flushing of the culverts and carriers. The first and most pressing problem is, how to get rid of the sewage of a large building without nuisance; and the second, although subordinate question, should never be lost sight of, namely, how to realise a profit in the disposal of that sewage. We think it has been proved at many asylums that large quantities of sewage can be disposed of without the least nuisance to any one, and that a considerable profit may result from the process.

Twenty thousand gallons of sewage require twenty acres of land for their safe and entirely satisfactory disposal, and more than that area ought to be at command during the winter months. Where the land is of a sandy, porous nature, half this acreage will suffice, and in asylums it is probable that the latter proportion is more generally followed than the former. The following is the course pursued in one of the large county asylums; and with certain modifications is to be met with in some, perhaps many, others. The sewage is taken by means of a large oviform culvert direct to the settling-tank, and in order to prevent back pressure of sewer gas along the course of this culvert, there are several ventilated man-holes. This settling-tank is situated three hundred yards from the main building, and is duplicated. Each division has three compartments. In the first the greater part of the solid matter is left, having been intercepted by a perforated iron door, whilst the liquid flows into the second compartment where any solids which may have escaped from the first are caught. From the third compartment the liquid flows in a clear state into the main carrier, which is a brick channel 300 yards long, having iron sluice-doors near each of which a sub-carrier branches off at right angles. These sub-carriers vary from a yard to several yards in length, according to the nature of the ground, and they open direct into channels cut in the fields. These channels ramify and finally lose themselves in the ground. When any given part of the land has had as much sewage as is thought necessary, the sluice is closed, and another sluice is opened to allow the sewage to flow over some other portion of the land. By these means the land never becomes over-saturated.

The advantages of this system are—its extreme simplicity, the absence of machinery of any kind, the practical absence of previous preparation of the land, and the small amount of attention

required. Probably ten minutes daily are sufficient to keep everything in working order during the summer months, whilst double that time will suffice during the winter.

As regards the solids deposited in the first and second compartments of the settling-tanks,—when it is noticed that one of these tanks is half filled with solids, the entire sewage is turned on to the duplicate tank, and the water is allowed to drain away from the tank which has just been in use. This draining occupies several hours, but could be hastened if necessary. In front of the third compartment of the tank is a pit about six feet square and one foot deep. Into this pit a few barrow-loads of riddled ashes from the house ash-pits (not boiler-house ashes) are thrown; and the iron doors are opened. The solids are then drawn out into the pit and thoroughly mixed with the ashes which have been previously sifted, the cinder part being used at the farm in the boiler-fires. The mixture of ashes and solids is then kept, preferably of course, under cover, and is drilled in with turnip and mangel-wurzel in the proportion of two tons to the acre. The yield of turnips last year amounted to forty-five tons to the acre in actual weight. No artificial or farm-yard manure was used.

It is somewhat unfortunate that the amount of liquid sewage is greatly increased in winter, just when it can be put to least use on a farm, and there is some difficulty during a very wet season in getting rid of it without causing a nuisance to the inmates of the asylum or to the neighbours. Intermittent downward filtration will certainly answer this object, and, if the deep sub-soil drainage of the filtering beds has been properly carried out, the quantity of land needed is exceedingly small from a comparative point of view. It is however, much better, simpler, and less costly to turn the sewage on to the land on which it has been decided to sow turnips and mangel-wurzel. This land may be saturated during the winter, the only precaution being to turn the sewage off about six weeks or two months before the sowing season comes on, and this is just the time at which the Italian rye-grass begins to require irrigation. One fact has been noted in connection with this plan of cultivating turnip-land, namely, that the fly which so often attacks the young leaves of turnips sown in the usual way spares those which have been sown as above described. At least, this has been the case three years in succession on one asylum sewage farm, the farmers in the immediate neighbourhood having been obliged to re-sow their turnips once if not twice before securing a satisfactory crop.

The crop for which sewage irrigation seems most suitable is Italian rye-grass. On the farm already referred to, the grass is cut five or six times yearly. It is an extremely thick crop, and the height varies from two feet six inches, to four feet six inches, or even more. Its nutrient properties are so high that in cases where horses have been fed exclusively on it for five months it has been difficult to convince strangers that no oats have been given, so strong and lively have the animals been. The rye-grass should be ploughed up and re-sown every third or fourth year, and it is best to take a crop of another kind off the land before re-sowing with rye-grass. Cabbages also grow to an enormous size under irrigation, and, next to the rye-grass, probably constitute the most remunerative green crop.

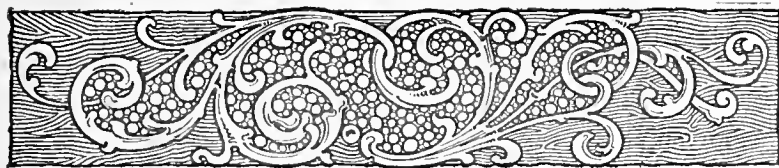
When used with cereals, the best plan seems to be to allow the crop to rise about ten or twelve inches and then to irrigate for four or five days. Nothing further is needed, and the sewage ought not to be allowed to remain longer than five days, as the growth of the head is not improved, and the stalk becomes so heavy that there is much danger of the crop being "laid" by heavy rain and wind. In August we went over a field of oats, part of which had been irrigated as above described, and part had not. There was a wonderful difference in the appearance of the sections. We had four square yards carefully measured and mown on each section, and the ears of corn removed by hand and weighed. Where the sewage had been, the weight was fully eighty-eight ounces, while the weight of the other was barely thirty-one ounces; thus showing an advantage of nearly three to one in favour of the sewage-grown crop. The straw was not less remarkable; that from the sewage-irrigated land weighing fourteen-and-a-half pounds, while the other weighed only five pounds. These weights are, of course, comparative only; but the practical farmer will easily compute how much straw loses in drying, and how much ought to be deducted from the weight of the oats for chaff and winnowing. The oats were of the variety known as black Tartary. They were sown by drill in the proportion of four bushels to the acre; and precisely the same amount of farm-yard manure was used in both sections, which were within thirty yards of each other. The crop was ripe, and was all mown next day.

For all crops the sewage ought to flow fresh on to the land, and any form of storage-tank or syphon-tank is not to be recommended. There seems to be absolutely no danger to the

inmates of the asylum. Some of the cottages are within sixty yards of the irrigation ground, and no nuisance has ever been experienced.

It has been stated that ozone can be detected in the air lying over irrigated fields, while in the adjoining land it is absent. If this be so, and if a certain amount of ozone is beneficial to health, a very pretty little argument might be based on these facts, demonstrating the good effects from sewage irrigation from a sanitary point of view; and perhaps we may live to see the neighbourhood of a sewage farm looked upon as a salubrious site for a dwelling, with keen competition for the building-plots.





CHAPTER XII.

TYPES OF ASYLUMS.

Four leading types.—Irregular or Conglomerate type, with descriptions of Suffolk and Gloucester County Asylums.—Converted buildings more used on the Continent than in England.—List of Asylums of Irregular or Conglomerate Type.



It may be said that there are four leading types of asylum construction; and, although these in many cases merge into each other, they still possess sufficient characteristics to necessitate separate description.

These types are—

1. Irregular or Conglomerate Asylums.
2. Corridor Asylums.
3. Pavilion Asylums.
4. Corridor-Pavilion Asylums.

(1.)—THE IRREGULAR OR CONGLOMERATE ASYLUMS.

Under this heading must be classed almost all asylum buildings which were not originally intended for hospital purposes, but which have been adapted to them. It may be said, speaking generally, that they are badly arranged, and only in very few particulars well fitted to serve as residences or hospitals for the insane. Oftentimes old country mansions have been altered and enlarged—in some cases with a certain amount of success, but, as already remarked, the success has not been great.

Most of the largest licensed houses belong to this class. It may be readily allowed that good country houses are easily convertible into excellent private asylums for a small number of

patients, especially if one sex only is to be taken ; but it cannot be too strongly insisted on that where large numbers are received—say fifty and upwards—the buildings ought to be specially designed and planned as hospitals. The evils of faulty construction have been chiefly exemplified in those private asylums where large numbers of pauper patients have been received in addition to the private cases.

The accommodation thus provided for paupers is not nearly so good as that in county and borough asylums, and it may be remarked that this farming-out of pauper lunatics in private asylums is wholly indefensible. If no other reason existed, a sufficient one would be found in the rates charged, amounting in many cases to double what they would cost in their own county asylums.

Suffolk County Asylum.

Again, some buildings which once were workhouses have been converted into asylums. Such, for instance, as the Suffolk County Asylum at Melton, near Woodbridge. In 1827 it was first used as an asylum, so that merely from its age it must be considered deficient in many respects for the proper treatment of the insane. Much has been done, however, in the way of alterations and additions, improvements and re-construction to the older parts of the building, so as to bring it up to the requirements of the present day, in fact, those portions of the asylum which have received attention may be considered to bear favourable comparison with many asylums of more modern date, though some portions which have been frequently condemned must eventually be pulled down, being totally unfit for their purpose and incapable of alteration. The asylum contains about 530 patients ; but about thirty chargeable to the county, who ought to be in the asylum, are boarded-out in other institutions. The original cost cannot be ascertained. A portion of the asylum buildings erected about the year 1849, which were designed by Sir Gilbert Scott and were stated to be an everlasting disgrace to his name, have been so completely remodelled as to extinguish the original design. The newest parts of the asylum were designed by Messrs. Giles and Gough, the well-known architects of the new Gloucester Asylum. Under their direction the two new wings, for seventy-five of each sex, were erected, and the whole of the administrative block was pulled down and much larger kitchens and offices erected, together with

a very good recreation-hall and a commodious laundry with all modern appliances. The superintendent's rooms are placed in the front part of the building. There is, at present, no detached infirmary, except a wooden building. New infirmaries, however, for fifty patients of each sex are about to be erected. There are eighty-four acres of land. The soil is a kind of clay, which becomes very hard in summer and damp in winter. It is not a soft clay, but is loose and crumbling. The building is well situated on elevated ground, about seven miles from the sea.

Wotton Asylum, Gloucester.

The Gloucester County Asylum at Wotton, near Gloucester, is classed by its medical superintendent as belonging to the conglomerate type, although it was originally built as an asylum for the insane. Mr. Craddock writes of it in the following terms:—"It was built before anything was known about either sanitary or economic construction of such places. Consequently, it is about the worst constructed place for an asylum that can possibly be imagined. In order to defer as long as possible the evil day of building a second asylum, all sorts of queer, fantastic additions have been made to the original building, until it now resembles nothing so much as a rabbit warren." Many valuable improvements have, however, been carried out here, and a second asylum is being built. Indeed, some of the blocks are finished and occupied by patients. It is intended that the new building shall replace the old as soon as the old site and building can be disposed of. At present both asylums are under the same medical superintendent—an arrangement of very doubtful expediency. The old asylum contains 780 beds, and there are 186 single rooms. It is situated close to the city of Gloucester. The estate extends to something over 200 acres, and the soil is chiefly of a sandy nature.

A much larger number of "converted buildings" is used as asylums on the Continent than in England. There, old castles and monasteries have been freely made use of, and, although they may possess some few advantages, these never counterbalance the numerous disadvantages.

It would be useless to give plans or detailed descriptions of irregular or conglomerate buildings. No one would think of imitating them in the erection of new institutions, and little

could be learnt from them except what to avoid. Indeed, so great is the variety of these buildings, which comprise, in this country and abroad, old barracks, warehouses, workhouses, hotels, monasteries, mansions, etc., that the description of two or three of them would give no idea of the remainder. A separate study of each would be necessary, and it would afford no desirable result.

The asylums given below are also of this type, and we have included, where the information has been obtainable, references to publications containing plans of the several asylums, and figures showing the date of establishment and the amount of accommodation of each institution. The date of the establishment is given in italic figures.

SCOTLAND.

Argyll and Bute District Asylum,	
1863,	400.
Elgin District Asylum,	1832, 130.
Inverness do.	1864, 500.
Kirklands do.	1831, 200.
Stirling do.	1869, 450.
Mavisbank Private Asylum.	
Mollindo House do.	
Saughton Hall do.	
Westermains do.	
Whitehouse do.	
Abbey Parochial Asylum,	1851, 105.
Greenock do.	1879, 290.
Paisley Burgh do.	1876, 210.

IRELAND.

*Cork District Asylum,	1852, 876.
*Richmond Asylum,	1814, 1,250.
*Tipperary District Asylum, Tipperary,	1833, 600.

INDIA.

Agra Lunatic Asylum.	
Ahmedabad do.	108.
Assam do.	108.
Bankepore do.	
Bareilly do.	
Benares do.	
Berhampore do.	1874, 200.
Bhowanipore do.	
Calicut do.	137.
do native do.	255.
Colába European do.	45.

* Part Corridor.

Cuttack Lunatic Asylum.

Dacca do.	
Delhi do.	116.
Dharwar do.	32.
Dullunda do.	
Hyderabad Lunatic Asylum,	140.
Jubbulpore do.	
Lahore do.	248.
Madras—Kilpauk Lunatic Asylum,	540
Nagpur Lunatic Asylum.	
Patna Lunatic Asylum.	
Poona do.	73.
Rangoon do.	255.
Ratnagiri do.	96.
Rowanpore—European Lunatic Asylum.	
Vizagapatam Waltair Lunatic Asylum,	57.

WEST INDIES.

Antigua Lunatic Asylum.	
Barbadoes—Bridgetown, do.	
Bermuda Lunatic Asylum,	1874, 46.
British Guiana—Berbice Asylum.	
British Honduras Lunatic Asylum.	
Dominica do.	
Grenada do.	
Jamaica—Kingston do.	
Mauritius Lunatic Asylum.	
St. Lucia do.	

MALTA.

Malta and Gozo Lunatic Asylum,	500.
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FIJI.

Fiji Lunatic Asylum,	20.
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SINGAPORE.

Straits Settlement Lunatic Asylum.
Lock-Hospital and Lunatic Asylum.

TASMANIA.

Hobart. Cascades Lunatic Asylum, 90.
New Norfolk Asylum, 300.

AUSTRIA-HUNGARY.

Salzburg Lunatic Asylum.

BELGIUM.

Schæerbeek Lunatic Asylum, 1852.
Asylum under the direction of the
Frères Alexiens, 1885.

FRANCE.

Albi. Le Bon Sauveur Asylum.
Antiquaille Asylum, Rhône.
Armentières Asylum.
Blois Asylum.
Bonneval-sur-le-Loire—Departmental
Asylum for Eure-et-Loire, 1862, 376.
Bordeaux Asylum.
Bourg (Ain). Sainte Madeleine Asy-
lum, 1825, 750.
Caen. Le Bon Sauveur Asylum, 1720,
1000.
Clermont. Departmental Asylum for
Oise, Somme, and Seine-et-Marne,
etc., 1500.
Clermont. Sainte Marie Asylum.
Gentilly. Bicêtre Asylum, 673.
Le Puy. Montredon Asylum, 1852,
450.
Leyme (Lot) Private Asylum, 1835.
Marseilles. St. Pierre Asylum, 1844,
880.
Naugeat. Departmental Asylum for
Haute Vienne.
Niort. Ward for insane for Deux
Sèvres, 358.
Paris. La Salpêtrière, 1656, 5,500.
[Lavezzari (E.)—"Étude de la
construction des établissements
hospitaliers." *Rev. gén. de l'Archit-*
ect et des trav. pub., xxii, p. 237,
fig. 18. 4^e Paris 1841.]
Do. Female Incurables, in the Rue
de Sèvres.
[*Ibid.*, fig. 19.]
Pont-l'Abbé, Picauville. Le Bon Sau-
veur, 1852.

Pontorson. Ward for Insane for
Manche.

Prémontéré. Departmental Asylum for
Aisne.

Prévas, Ste. Marie, 1836, 600.

Quatre Mares Asylum for Men, 750.

Ste. Gemmes. Departmental Asylum
for Maine-et-Loire, 1843, 540.

St. Lizier. Departmental Asylum for
Ariège.

St. Lô. Le Bon Sauveur, 1810

St. Venant. Departmental Asylum for
Pas-de-Calais, 450.

GERMANY.

Alt-Scherbitz Asylum.

[*Anstalten und Einrichtungen
des öffentlichen Gesundheits we-
sens in Preussen.* Berlin: Julius
Springer, 1890.]

Dalldorf Borough Asylum.

[*Grundriss Vorbilder von Geb.,
aller art.* Lief. xxi, bl. 75, fig. 7.
Leipzig, 1881.]

[*Die Städtische Irren-anstalt
zu Dalldorf.* Berlin: Julius
Springer, 1883.]

[*Die Anstalten der Stadt Berlin
für die öffentliche Gesundheits-
pflege und für den naturwissen-
schaftlichen Unterricht*, pp. 148-
184. Berlin: Stuhrsche Buch-
handlung, 1886.]

ITALY.

Alessandria Asylum, 315.

Ancona do. 259.

Aversa do. 875.

Bergamo do. 267.

Brescia do. 340.

Ferrara do. 285.

Genoa do. 751.

Lucca do. 449.

Naples. Madonna de l'Arco.

Palermo Asylum, 935.

Perugia do. 312.

Pesaro do. 385.

Reggio do. 714.

Rome do. 826.

Siena do. 909.

Turin do. 903.

Venice. St. Servolo.

RUSSIA.

Poltava County Asylum.

[*Planui 13-te psichiatrichesk.*

Zabedeney : 8a and b.]

Redemblik State Lunatic Asylum.

Tambov County Asylum.

[*Planui 13-te psichiatrichesk.*

Zabedeney : 4a and bb¹.]

Tula County Asylum.

[*Planui 13-te psichiatrichesk.*

Zabedeney : 6a & b.]

SPAIN.

Badajos. Our Lady of Mount Carmel,
1852, 112.

Cadiz Lunatic Asylum, 1862, 169.

Granada Hospital for the Insane, 1855,
166.

Leganes. Sainte Isabel, 1852.

Salamanca Hospital for the Insane,
1851, 65.

Sarragossa. Home of Our Lady of
Grace, 1852, 398.

Seville Hospital of the Five Wounds
of Jesus, 1853, 73.

Ternel. Provincial Benevolent Insti-
tution, 1864, 90.

Toledo. Hospital of the Innocents,
1853, 52.

Valencia. Ex-Convent of Jesus, 459.

Valladolid. Casa de Cordon, 1852,
463.

SWITZERLAND.

Bois de Cery Asylum, near Lausanne,
1873, 350.

TURKEY.

Scutari. Top-Tash Asylum.

UNITED STATES OF AMERICA.

Retreat for the Insane, Hartford, Con-
necticut, 48.

State Lunatic Asylum, Milledgeville,
Georgia,* 1,386.

Idaho Insane Asylum, Blackfoot, Idaho.
Hospital for the Insane, Independence,
Iowa, 776.

Eastern Lunatic Hospital, Lexington,
Kentucky, 721.

Insane Asylum of Louisiana, Jackson,
Louisiana, 452.

Louisiana Retreat for the Insane, New
Orleans.

Maine Insane Asylum, Augusta, Maine,
578.

Bay View Insane Asylum, Baltimore,
Maryland.

Homeopathic Insane Hospital, West-
borough, Mass., 503.

Boston Lunatic Hospital, Branch at
Dorchester, Mass., 304.

McLean Asylum, Somerville, Mass.,
174.

"The Highlands", Winchendon, Mass.,
11.

Woodbourne, Jamaica Plains, do. 5.

Walpole Private Asylum, Walpole,
Mass.

Asylum for Insane Criminals, Ionia,
Mich.

Michigan Asylum for the Insane,
Kalamazoo, Mich., 870.

Northern Michigan Asylum for the
Insane, Traverse City, Mich., 556.

Eastern Michigan Asylum, Pontiac,
Mich., 775.

Third Minnesota Hospital for the
Insane, Fergus Falls, Minnesota

Second Minnesota Hospital for the
Insane, Rochester, Minnesota, 940.

Minnesota Hospital for the Insane,
St. Peter, Minnesota, 950.

Hospital for the Insane, Norfolk,
Nebraska, 121.

New Hampshire Asylum for the In-
sane, Concord, New Hampshire, 337.

Willard State Hospital, Willard, N.Y.,
2,030.

Hudson River State Hospital, Pough-
keepsie, N. Y., 493.

Binghamton State Hospital, Bing-
hamton, N. Y., 1,108.

St. Lawrence State Hospital, Ogdens-
burg, N. Y.

New York City Asylum for Women,
Blackwell's Island, N. Y.

Monroe County Asylum, Rochester,
N. Y., 326.

Longview Asylum, Carthage, Ohio,
805.

* Part on corridor plan.

Pennsylvania State Lunatic Hospital, Harrisburg, Penn., 734.	Rock County Insane Asylum, Johnstown, Wisconsin.
State Hospital for the Insane, Norristown, Penn., 1,827.	Dodge County Insane Asylum, Juneau, Wisconsin.
Blockley Almshouse (Insane Dept.), Philadelphia, Penn.	Green County Insane Asylum, Monroe, Wisconsin.
State Asylum for the Incurable Insane, Cranston, Rhode Island, 493.	St. Croix County Insane Hospital, Pleasant Valley, Wisconsin.
Roper Hospital (Insane Dept.), Charleston, South Carolina.	Sheboygan County Insane Hospital, Plymouth, Wisconsin.
Western Lunatic Asylum, Staunton, Virginia, 600.	Sauk County Insane Asylum, Reedsburg, Wisconsin.
Iowa County Insane Asylum, Dodgeville, Wisconsin.	Milwaukee County Insane Hospital, Wauwatosa, Wisconsin, 333.
Walworth County Insane Asylum, Elkhorn, Wisconsin.	Winnebago County Insane Asylum, Winnebago, Wisconsin, 610.
Fond du Lac County Insane Asylum, Fond du Lac, Wisconsin.	Columbia County Insane Asylum, Wyocena, Wisconsin.
Brown County Insane Asylum, Green Bay, Wisconsin.	Dane County Insane Asylum, Verona, Wisconsin.
Grant County Insane Asylum, Lancaster, Wisconsin.	Manitowoc County Insane Asylum, Verona, Wisconsin.
Jefferson County Insane Asylum, Jefferson, Wisconsin.	Wyoming Insane Hospital, Evanston, Wyoming.





CHAPTER XIII.

TYPES OF ASYLUMS—(continued).

The Corridor type, with descriptions of the following asylums as examples: Illinois Hospital, Abergavenny, Carmarthen, Garlands, Derby County, Sussex, Wilts, London County, Hereford, Beds, Herts and Hunts, Essex, Nottingham County, Dorset, Bucks, Kent, Norfolk, East Riding, Berks, Northumberland, Middlesex (2), Worcester, Surrey, Somerset, Salop, Staffordshire, Oxford County, Leicestershire (2), Lancashire (2), West Riding, North Wales, City of London, Ipswich, Nottingham, Birmingham, Coton Hill, Broadmoor, Wonford House (Exeter), Warnesford (Oxford), The Copping, Lincoln, Barnwood House, Royal India, Royal Albert, Earlswood, New City of Exeter, Cork District, Holloway Sanatorium, Pennsylvania, Alabama, Illinois Northern.—List of Asylums of the Corridor type.

(2.)—CORRIDOR ASYLUMS.



THE vast majority of asylums in this country, whether County Asylums or Registered Hospitals, must be classed under this head; but, among them, several well-marked varieties may be distinguished. The simplest form of corridor asylum is practically the same as that so often seen in general hospitals, and in large orphanages, charity schools, hotels, etc. In the latter of these, the corridors are not generally used as living-rooms, but serve merely as passages connecting the various parts of each floor. The staircases are situated centrally, or in the wings. The older asylums consisted of a series of these corridors, sometimes placed in echelon, and sometimes at right angles. The best of them had rooms on one side of the corridor only, while others had rooms on both sides, and may be cited as examples of the worst form of asylum construction, being necessarily dismal and badly ventilated.

The Illinois Hospital for the Insane

is an example of this class. The administrative part of this asylum seems singularly incomplete to an English eye. Excepting the scullery, we miss almost every one of the offices usually found attached to the kitchen. Dining-rooms and recreation-hall are absent from the plan. With one exception, the day-rooms are small circular bays projecting from the corridor. Single rooms are found on both sides of the corridor, except in one part. To reach the end ward from the administrative part, it would be necessary to pass through every other ward. Altogether, the plan is one to be avoided in every single department. By omitting, or, in old asylums, removing the single rooms from one side of the corridors, an enormous improvement was effected, as it opened the whole of one side to the light and air.

A still greater advance was made by projecting day-rooms from the free aspect of the corridor, and by expanding the ends of the corridors so as to form day-rooms or dormitories.

The Abergavenny Asylum

may be given as an instance of this. The plan is an extremely simple one. The main wards are in a straight line with the administration part, and one other ward on each side projects from the back; but the day-room part of the corridor is arranged so as to face west on one side of the asylum, and east on the other. The old, objectionable passages of communication at the backs of the single rooms were found here, but have been removed. The building was increased in 1874, and more recently additions have been made for the accommodation of epileptics and working patients. The day-room for epileptics is almost square, being 40 feet by 38 feet. It has windows on two sides only, as the staircase, passage, and single rooms block up one side, and the dormitory wall the other. The dormitory is a little longer than the day-room, and is likewise only lighted from two sides. It contains twenty-nine beds, and there are only seven single rooms—a number which, in most asylums, would be found sadly deficient. The additions are generally acknowledged to be an improvement on the old part of the building. The whole of the buildings can hold about 867 patients, and 159 of these have single rooms. The original building was heated and ventilated on Hadin's system, viz., by the circula-

tion of hot water in air-flues and large extraction-shafts. The old wards have for the past six years been heated wholly by open fire-places, or, rather, by the use of Galton's stoves. The ventilation is now carried out by means of inlets, with gratings which can be closed at will; also by open windows, fire-places, and by extraction-flues alongside of the smoke-flues. The original building cost £34,000, the additions at different times £64,000, and the furniture and fittings, £16,000. A new male infirmary is being erected now at a cost of £4,100 for fifty-five beds.

Cottages, which were at one time private residences, are used for patients. About sixty-three patients reside either in these cottages or at the farm buildings.

This asylum is pleasantly situated, about two hundred yards east of the town of Abergavenny, at the base of Little Skirrel Hill which overlooks the town. There are fine views in almost every direction. The estate consists of seventy-five acres, and some additional land is rented.

The Carmarthen Asylum,

for the joint counties of Carmarthen, Cardigan, and Pembroke, is another example of the corridor type. It was opened in 1865; and there is nothing particularly striking about the plan. One good feature is that corridors under the sills are absent, and their place taken by covered ways, extending from the kitchen corridor to the end of those wards which are placed at right angles, backwards, from the main front. Another good point is that the front corridor ward is intersected by a day-room, extending from south to north, permitting of easy cross-ventilation. The superintendent's house is in front, and is much overlooked by the wards jutting out at right angles from the front of the main wards. Clearly, the architect who designed the superintendent's residence had no intention of living in it.

The dining-hall occupies an extraordinary position, being enclosed on three sides by corridors and kitchen, and on the fourth by a narrow court. Excepting for a bay window, looking into this court, the hall must be lighted solely by roof-lights, or by windows above the level of the corridor roofs. The kitchen and scullery adjoin the hall, and are quite destitute of windows on the ground-floor. The entrance to the dining-hall is conveniently placed for women, but the men have to pass the kitchen-door to get to it.

The general stores have an unusual position at one side to the north—not a convenient position, one would say, for delivering stores to the women.

There are two old family mansions occupied by male patients; one accommodates fifty, and the other forty cases.

The entire accommodation is for about 560 patients; single rooms are provided for seventy-two. There is a detached hospital for infectious cases. The cost of the building site and furniture is given at £48,000, but is more nearly £80,000. The asylum has been added to and altered, and it is to be hoped that some of the points adversely referred to have been remedied.

The building is warmed by open fire-places, and ventilated by the windows. The estate consists of forty-seven acres, partly clay and partly gravel. The main building faces south-south-east, and caps a hill about 180 feet above the sea level.

The Garlands Asylum, Carlisle,

for the counties of Cumberland and Westmoreland, was opened in 1862. It can hardly be described as a good specimen of its class, judging, at least, from the original ground plan. This consists simply of an administrative department, having the main entrance, reception-rooms, and superintendent's house facing northwards, with the dining-hall, assistant medical officer's rooms, and dispensary to the south, and the kitchen department placed centrally. A passage runs north of the dining-hall, connecting the male and female wards. It does not seem clear how the passage is lighted. The wards are long, straight corridors, without break or bay of any kind, and the single rooms open off them. At the end of each corridor-ward is a fairly good day-room; but it is too much enclosed by a staircase, store-room, and wall of passage to be perfectly satisfactory. Scarcely one-third of these day-rooms have free wall-space for windows. Projecting from the ward and day-rooms are store-room, small day-room, and passage. These occupy valuable space to the south, which should have been better utilised. The defects of the old asylum were—(1) The corridors were far too narrow; (2) the water-closet accommodation was scanty and ill placed; (3) the drains were not well laid; and (4) the inside of the building was of rough brick, which, however it may be treated, looks hideous.

In 1866 two blocks, conjoined to main asylum by a covered

passage, were erected. These blocks were put up, at a moderate cost, for harmless patients, and contained few single rooms.

In 1873 an outside church to accommodate 350 was built, and in 1890 an organ was placed in it.

In 1875 an Artesian bore was made 270 feet through the red sandstone, and a water-supply of 40 gallons per minute was got from this source. The water is pleasant and excellent, but hard. In 1876 the asylum again became too small for the requirements, and a comprehensive scheme of enlargement was designed by Dr. Campbell, the superintendent, and Mr. Cory, the county architect, embracing additions for 220 patients, a block of workshops, and an increase to the kitchen, laundry, and store departments, and a re-arrangement of the front reception-rooms, the former superintendent's house having been set free by the erection of a new residence for the superintendent facing the south-west, outside the airing courts and in front of the centre dining-hall.

The work was carried out by Mr. Cory, the county architect; and although, owing to the contracted nature of the original buildings, it was no easy matter to enlarge some portions, yet the difficulties were overcome in such a manner that, in their Report for 1885, the Visiting Commissioners said: "The recent additions are most valuable improvements, and make the asylum as convenient and workable as any with which we are acquainted."

Farm buildings, convenient and suitable, were erected in 1888. The asylum is situate three miles south of Carlisle. The estate comprises 137 acres. The soil is chiefly sandy, but one portion is stiff clay.

Sewage irrigation is carried on in a field of 13 acres, the sewage being delivered direct from the closets.

The airing courts are beautifully laid out as flower-gardens. The asylum, which originally was constructed for 200 patients, now accommodates 620, with their officials; and many, though not all, of its many original defects have been got rid of.

Derby County Asylum.

This institution was opened in 1851. The offices and the superintendent's house occupy the central portion of the main front, and behind there is a central passage, on either side of which is arranged the administrative department proper—that is, the kitchen

(which has been lately enlarged), the scullery, stores, larder, etc. At the northern end of the central passage is the laundry on one hand, and the boiler-house and workshops on the other. Two wards are placed in line with the offices just mentioned, two others are in echelon, and two more are at right angles to the first, projecting northwards. The latest additions are approached from the latter by fine wide corridors. These new wards are light and airy, and the bath-rooms and lavatories attached to them are well arranged. There does not seem to be any way of reaching these new wards except by passing through the old ward. This is a great drawback, but was perhaps almost unavoidable, from the nature of the grounds and the position of old parts of the building. The general plan of the old wards is that of a straight corridor, having the single rooms on one side. In the first wards—that is, in those next the administrative department—these single rooms are lighted by windows which are placed above the roofs of the passage at the north side of them; hence the windows are small, placed high up, and give the rooms a dismal, prison-cell appearance. The corridors are all free at one end, and are pleasantly broken by central bays and small rooms projecting at the ends.

Speaking generally, this may be said to be one of the best of the older corridor asylums, and the additions lately made are an immense improvement on the old parts. None of the wards accommodate more than thirty patients. There is room altogether for about 471 patients, and 115 of these have single rooms. The dining-hall seats 170 patients, and is also used as a recreation-room. There is a detached chapel, but no hospital for infectious diseases, although the medical superintendent is strongly in favour of one. The building as it now stands, including furniture, seems to have cost a little over £113,000.

At the time when this asylum was built, it was beyond question a distinct advance upon all previous asylum buildings. The committee of visitors say of it, in their first annual report (1853): "It is the first in which a recreation-hall has been included, in which there have been provided private corridors of communication to all the wards, in which the cheerfulness, comfort, and warmth of the patients' galleries have been made an entirely primary consideration, and in a complete system of ventilation by means of shafts (through which not only all the vitiated air is extracted, but into which all the smoke-flues have been conducted), has been attempted

and carried out with success." The asylum is situate close to the little village of Mickleover, four miles from Derby. The views are extensive, and very pleasing.

An estate of 101 acres surrounds the asylum. The soil is clay and marl. A simple system of sewage irrigation is in use.

The Sussex County Asylum.

This asylum at Hayward's Heath was opened in 1859. The ground plan of the original building bears a certain resemblance to that of the Carmarthen Asylum, or it would be more correct to say the Carmarthen Asylum resembles the Sussex, as the latter is much the older.

The main entrance faces almost due north, having in front the lodge and the chapel; the latter being a fine specimen of the Lombardo-Venetian style. On one side are the medical superintendent's office and the clerk's office; and these are balanced by the committee-room and rooms for the housekeeper and junior assistant medical officer. The above and the entrance-hall are on the first-floor, and are approached by a flight of stone steps. On the ground-floor are the reception-rooms, head-attendant's office, general stores, housekeeper's office, and rooms for the domestic servants. Behind these is a passage leading to the communicating corridors, which run north and south. This passage must originally have been somewhat dark, as the kitchen wall adjoins it, but it has recently been widened at both ends, and both its lighting and ventilation much improved. The kitchen is well arranged, and the usual offices are placed at each end. South of the kitchen is an open court, and beyond it is a large convalescent ward, formerly used as a recreation-room. The chief wards face almost due south, and are slightly recessed from the line of the central block. The wards are in the form of corridors or galleries; all the frontage is quite free, and is broken by day-rooms at both ends. The single rooms and small dormitories are on the north side of the galleries. The day-rooms and galleries have a very bright and cheerful appearance. At the backs of these main wards runs a corridor of communication placed under the level of the single room window-sills. Here, however, it is approached by a flight of steps, and the roof is entirely of glass, so that it is less objectionable than in most of the old asylums. In a line with this corridor, on either side, is the infirmary ward. It contains day-room

dormitory, and gallery with single rooms, which are numerous, and are arranged on one side, as they ought to be, and not at the end, as in some of the newer asylums. Between the main wards and the infirmaries, and at right angles to them, projecting to the south, is a one-story block for the turbulent cases. This formerly contained single rooms and dormitories on both sides of the gallery, but these have been removed from one side, with a great increase in light, space, and ventilation. In a line with these blocks, and running northwards, are the laundries on one side and the workshops on the other, and over these are the day-rooms for their respective patients. There is a third story over the main part of the asylum, used as dormitory space only, and a great part of this is arranged on the old system of dormitories and single rooms on both sides of the corridor.

Separate dining-halls for men and women project from the corridor of communication already referred to, and there is a fine detached recreation-hall, approached by a subway from the women's side, and by a corridor on the men's side.

The sanitary arrangements have lately undergone revision, and are now in a most satisfactory state. Taken as a whole, it is generally regarded as the best of the old asylums.

The total accommodation is for 880 patients, and the single rooms are in the proportion of one to five. There is a detached hospital for infectious diseases. The medical superintendent's house is attached to the west end of the building by a long corridor. The cost of the entire building, as it now stands, including land, was £144,084. It is situated almost in the centre of the county, about a mile from the Hayward's Heath Station on an elevation of 281 feet above the sea level, and commanding beautiful views of the South Downs. The greater part of the building is on one long elevation, and most of the day-rooms look south, and thus get much sunshine.

The estate comprises 245 acres, the soil being chiefly wealden clay. Sewage purification is carried out on the system of broad irrigation, and it answers admirably.

Wilts County Asylum.

This asylum was opened in 1851. It is a two-story building in the Italian style, and Bath stone is used in the elevations. The main front has in the centre the medical superintendent's house, com-

mittee-room, assistant medical officer's rooms, housekeeper's rooms, and visiting-rooms. The kitchen and the usual kitchen offices are placed behind the above, and are approached by a wide lobby. The general stores are placed on one side of the kitchen court, and the boiler and engine-house on the other. Still further backwards are the clerk's offices, head attendant's rooms, and store-keeper's rooms. These form one side of a square, the second side being formed by the shops, and the third by the laundry department, whilst the fourth side is open.

Three of the wards on either side are arranged in quadrangular form, having the day-room parts to the front and the dormitories and single rooms to the back. There are two other wards on each side, one projecting to the west on the male side, and one to the east on the women's side; the others project to the south at right angles to the main front. The latter comprise fine large day-rooms on the ground-floor and dormitories on the first-floor. The general features of the other wards are long, wide galleries, with circular and cant bays; and several of the galleries have one end free. The chapel is placed over the kitchen. There are neither dining-halls nor a recreation-room—wants which, it is to be hoped, will soon be supplied.

Although an old asylum, it is free from corridors of communication under the level of the window-sills, but there are covered ways extending entirely around the quadrangles above mentioned. These look well in the plan, and are doubtless very convenient for officers and patients. Lately, a large sum has been expended on an improved system of drainage, and many internal improvements have been carried out.

The total cost of the land, building, and furniture may be taken at £83,000. There are about 715 beds, including 110 single rooms. There is an infectious hospital. The asylum is about one mile from the town of Devizes. It stands on an elevated plateau, but does not command much view. Happily, it is somewhat sheltered from the east by an adjacent hill; otherwise the site would be cold for a hospital. There are about 90 acres of land in the estate, and the soil is chiefly of a sandy nature.

London County Asylum at Colney Hatch.

This is a typical corridor asylum of enormous size, containing 2,250 beds. It was opened in 1851, and was originally designed

to accommodate about 1,300 patients, and the additions have been carried out in such a manner that the original plan has not been materially departed from. It is about one-third of a mile in length.

The wards are all of the gallery type, and, in the older part of the building, bear a great similarity to each other. In the original plan, one side of each gallery was entirely occupied by single rooms and offices. In the centre of the other side was a deep recess, with a bay window, to be used as dining-room space, and on each side of this small dormitories were placed. All the principal wards have recently been greatly improved by the addition of one of these dormitories to the dining-room, thus forming a cheerful, good-sized, and well-lighted day-room. In carrying out this alteration a certain number of beds had to be sacrificed, but these were replaced by using one end of the gallery as a dormitory and the other end as a dining-room. Lately the sanitary arrangements have been overhauled, and new water-closet blocks have been built in each ward.

In many of the wards the single rooms are in the front elevation, and corridors of communication run under the level of the windowsills. Other corridors connect those blocks which stand at right angles to the main front with the administrative department. Some parts of the building are two stories in height, others are three. There are three large dining-rooms on the women's side of the house.

The administrative department seems well planned; but the asylum has no special feature beyond its great size. There is nothing worth imitation in its design. As already said, it contains 2,250 beds. In the male department there are 269 single rooms, and 289 on the women's side. There is a detached building which accommodates 28 women, and there is also a small detached hospital for infectious diseases. The cost of the original building was £260,000, and £30,000 was paid for the estate. In 1859 £105,000 was expended on extensions. Subsequent additions and improvements, including the purchase of land and repairs, bring up the total expenditure at the end of 1886 to £560,000.

Hereford Asylum.

This is a fairly well planned corridor asylum. It was opened in 1872, at which time much experience had been gained in designing asylums of this type. The galleries are wide and have bays in

the centre, and at the angles there are large day-rooms, well lighted and ventilated. Single rooms are placed at one side of the galleries, and the water-closet and bath-room blocks project backwards, being cut off by ventilating passages. The communicating corridor usually found at the back of the single rooms is got rid of in the ward nearest the centre by making the corridor continuous with that which runs at the back of the administrative block. This latter is well arranged.

There is a good dining-hall, where 200 of the patients take their meals. The hall is also used for recreation, and the chapel is placed overhead. The large dormitories are too much enclosed, and the attendants' rooms between these and the day-rooms should be removed, so as to open the ends of the galleries. The superintendent's house is attached by a corridor to the west-end of the asylum. The cost of the asylum, as it now stands, including land and furniture, seems to have been £105,000. There is no detached hospital.

There are nearly 400 patients, and single rooms are provided for 77 of them.

The asylum is three miles from the railway station. It faces south-east, with good views to the front and to the south-west.

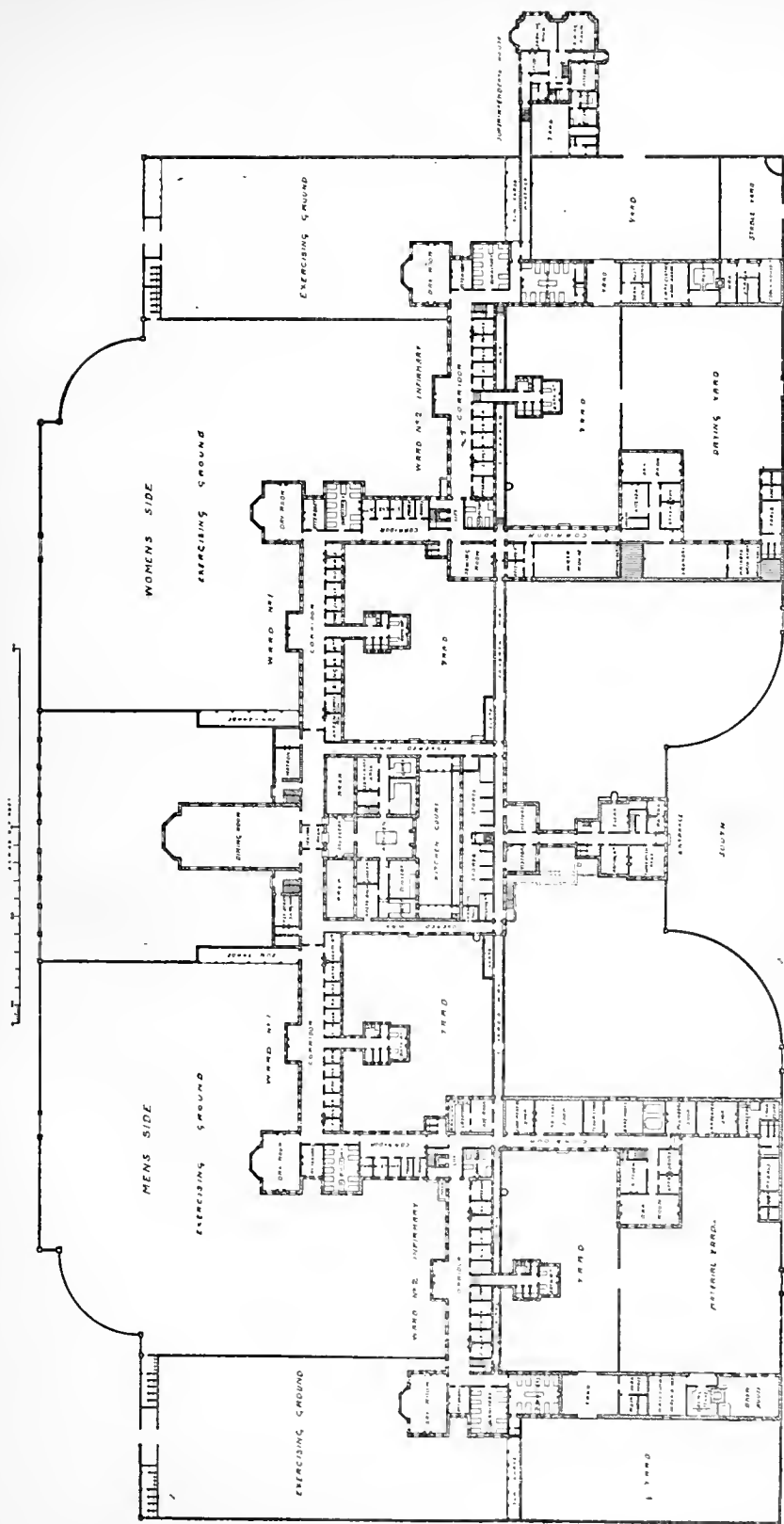
The estate comprises 110 acres. The soil is old red clay, and part of it is under sewage irrigation.

Beds, Herts, and Hunts (Three Counties) Asylum.

The asylum was opened in 1860, and enlarged in 1871 and in 1878.

A double central block of administrative buildings, with the adjoining wards, enclose two quadrangular courts not used as airing courts. Three-storied wings of gallery wards extend east and west. Large and cheerful day-rooms alternate with the galleries, which are, therefore, relieved to a great extent of their usual functions as day-rooms. The dormitories for the special observation of epileptic and suicidal cases are octagonal in shape. There are single rooms on two aspects of these dormitories. The evil of traffic through the various wards is here got rid of by means of corridors, which run at some little distance behind the main buildings. There is a detached hospital for infectious diseases. The chapel is connected to the east wing by a short passage. The asylum is situated at Arlesey, and contains 1,050 patients.

МІТРОБЕЯ ГАРИПІУМБ. АНЗАНІВЕР.



Essex County Asylum.

The administrative block occupies much space to the front, and seems well arranged. A corridor runs at the back, and other corridors branch off at right angles, enclosing the kitchen and its adjuncts. The wards are of the usual gallery type, and, being placed in rectangular form, partly or entirely enclose quadrangular courts. All the main galleries have their ends free, and from one side project large bays, giving the wards a light, cheerful appearance. Too many of the fire-places are in outside walls. Considerable additions were made some years ago, and the plan of the original building was somewhat modified, the new part approaching the block system. There is also a row of cottages, accommodating eighty male patients. Two old houses near the asylum have been fitted up and contain 115 patients. A new block for 450 patients was opened a few years since, and the entire accommodation is now for about 555 males and 795 females. It is proposed to build a hospital for infectious diseases. The original building for 450 patients cost £79,497, and the furniture £6,114. The cost of the land and new buildings is not stated. The asylum is situated on a hill, about 400 feet above the sea-level, and close to the Brentwood Station, on the Great Eastern Railway.

There are 120 acres of land. The soil is partly blue clay, but there is much sand and gravel clay. Sewage irrigation is successfully carried out.

Nottingham County Asylum.

This is an old asylum, situated within the borough of Nottingham. It has no special feature, unless it be that the old concrete floors are still found in some of the wards. There is no dining-hall, so that all the patients take their meals in the wards. There are about 350 patients in the asylum, and 112 have single rooms.

Being within the town of Nottingham, the amount of land surrounding the building is limited, amounting only to 21 acres. The soil is of clayey nature, but on sandstone foundation.

The site is very hilly, and the airing-courts are nicely laid out though much sloped. The asylum faces almost due west.

Dorset County Asylum.

This institution consists of two buildings within a mile of one another, and managed by the same committee and medical superintendent.

The original asylum at Forston first received patients in 1832. The present asylum at Charminster was opened in 1863. It affords accommodation for 320 patients, and cost, including land, £50,000. The buildings at Forston are about to be abandoned for the purposes of an asylum, and the patients transferred to the Charminster site, where entirely new administrative and female departments are being built at a cost of over £60,000. The new buildings are to be of fire-proof construction, and when finished the asylum will be a very complete institution. Special wards are being built for the accommodation of private patients. The asylum is beautifully situated three miles from Dorchester station, one hour by train from Bournemouth, and a quarter of an hour from Weymouth. The estate extends to over 250 acres. There are two express trains daily to London, and the journey is accomplished in less than four hours.

Bucks County Asylum.

The returns from this asylum are meagre, but we gather from them that it contains nearly 450 patients, 350 of these being in associated dormitories, and 85 in single rooms.

There is no dining-hall, and no hospital for infectious diseases. There would seem to be no special feature of any kind. The asylum is situated at Stone, near Aylesbury. The estate comprises 52 acres; and the soil is a heavy loam.

Cornwall County Asylum.

Here there are 706 patients, of whom 213 have single rooms. There is a dining-hall large enough to accommodate 280 of the patients.

There is no detached hospital.

The special feature of this asylum is that there is a separate building for fifty private patients, which is under the same management as the main asylum. Private patients are received at rates varying from 10s. to £2 2s. a week. The asylum is situated about a mile from Bodmin. There are 54 acres of land on a clayey subsoil.

Kent County Asylum at Barming Heath.

This asylum was opened in 1833 for 175 patients. It now contains 1,577 inmates, single rooms being provided for 327.

The cost of the original building, including land and furniture, was £50,000, and about £170,000 has since been laid out in additions, alterations, and furniture. The older parts of the asylum were on the gallery system, but have been very considerably altered and made equal to latest modern requirements, while the newer parts are in blocks, containing many fine large day-rooms and dormitories. There is a dining-hall wherein 640 patients have their meals. There is, also, a detached hospital for infectious diseases. The asylum may be said to consist of three parts—the old asylum, the additions, and the new part. It is one and a-half miles from the town of Maidstone, but wholly within the municipal boundaries ; and is 260 feet above sea-level.

The estate is about 180 acres. It is of a loamy nature on Kentish rag-stone.

There is no system of sewage irrigation, as the land is all at the back of the asylum, and is higher than the building.

Norfolk County Asylum.

This asylum consists of two parts, a main building (1814) and an annexe (1880). The former contains about 500 beds, and the latter 309. Single rooms are provided for 147. Many parts of the building have been greatly improved. In the dining-halls 280 patients take their meals. There is provision for the treatment of infectious disease on both sides of the building. The airing-courts are extremely pretty. The asylum is situated at Thorpe, near Norwich. It is placed in a triangle formed by the Cromer and Yarmouth lines, with the River Yare beyond. The old building is a little above the level of the marshes.

East Riding Asylum.

This is the smallest county asylum in England, containing about 310 beds.

The main entrance is to the north ; on one side are the superintendent's office and porter's room, and on the other the visiting-room and clerk's office. Part of a large day-room and dor-

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itory over it are also seen in this elevation, and, projecting from these at right angles, are the superintendent's residence to the west and the chapel to the east, forming, with the administrative block, three sides of a square. Behind the offices above mentioned are the surgery and committee-rooms, then a corridor joining the male and female wings. Running parallel to this is the general store-room, and then the kitchen and offices, and lastly the dining-hall which faces almost due south. Over the hall are the rooms for the assistant medical officer and matron, and on each side is a long ward, of the usual gallery type. There is a central bay and an oblong day-room at the extreme end. The single rooms are at the back of the gallery, and, as a connecting corridor runs behind them, they are badly lighted—a fault shared by all the single rooms in the asylum. The infirmary ward on the male side, which is as originally constructed, strikes one as being neither well arranged nor of sufficient size; but the ward for the female sick has recently been enlarged and re-arranged, and it is a comfortable and commodious one, the upper story being constructed for night observation of epileptics and suicidal patients.

The present number of patients is 306, and there are only 55 single rooms. The dining-hall has been enlarged recently, and is now sufficient to dine nearly all the patients.

There is a detached hospital.

The cost of the asylum, including land, furniture, and cottages, is given at £47,000, while the additions to date have brought the sum up to £61,662. The building is partly two stories and partly three in height. It is situated on a plateau about two miles from Beverley. It is almost wholly unsheltered, and the east winds are much felt in the spring. The estate consists of 100 acres, the soil being a stiff clay on chalk. The drainage has lately been completely re-arranged, and a system of sewage irrigation is in use, to be presently replaced by a system of purification on the "International" principle.

Berks County Asylum.

This asylum was originally almost the same as that for the East Riding, but large additions have lately been made, and it will now accommodate nearly double the number of patients which it did on its being opened in 1870.

There are now upwards of 500 patients resident, and 110 have single rooms.

The total cost of the asylum as it now stands, including the land, cottages, and furniture, was a little over £124,000, which seems a high sum considering the style of building, and there is no detached hospital.

The building stands on an elevated site, the ground sloping to the river Thames, the estate being bounded by the river and the main road to Oxford. It is three-quarters of a mile from the Cholsey station on the Great Western Railway. The estate consists of 164 acres, but half of that is leasehold. The soil is alluvial deposit of loamy gravel, with a subsoil of sharp sand and flint.

Northumberland County Asylum.

This asylum contains 550 patients. The older portions of the building are good of their kind, but contain no special features. The recent large additions and alterations, however, are quite up to date, and contain all the improvements observed in modern asylum buildings. New workshops have lately been erected, and large additions to the sick wards are in progress. There is a detached chapel; the old one in the building is used as an upholsterer's shop. There is now a large and handsome dining and recreation hall capable of seating 400 patients. Only the sick, feeble, and turbulent have their meals in the wards. The administrative buildings have been rebuilt. There are seventy single rooms. There is no hospital for infectious diseases, but plans of one are in preparation. Other structural improvements in the old buildings are under consideration.

The asylum is situated close to the town of Morpeth. There are 100 acres in the estate, and the soil is a heavy loam. There is no system of sewage irrigation.

Worcester County Asylum.

This asylum was opened in 1852. It is a two-storied building of the usual corridor type so far as the original building is concerned, but in the additions this arrangement has been considerably modified. The building has cost £116,800, exclusive of land and furniture, and now contains 950 patients. There are 127 single rooms. An annexe was being built in 1882 on the block system, bringing the total accommodation up to 1,061.

There is a detached hospital. The asylum is situated midway

between the towns of Worcester and Malvern, being four miles from each. It is built on an eminence, commanding extensive views of the beautiful surrounding country, including the whole range of the Malvern hills. The medical superintendent has a detached residence. The estate is very large, extending to 469 acres; and the soil is chiefly clay. A satisfactory system of sewage irrigation is in use.

Middlesex County Asylum at Wandsworth.

This was opened in 1841, and added to in 1847. In 1870 some small additions were made, and again in 1870 and in 1880 it was further enlarged. The cost as it now stands has been £213,536. It contains about 1,100 beds, and of these 336 are single rooms. There is a detached hospital for infectious diseases.

The asylum possesses no special features of any kind, and no description of the site or any of the arrangements has reached us.

The estate extends to 142 acres, and the soil is chiefly clay. Eleven acres are under sewage irrigation.

Surrey County Asylum at Brookwood.

Opened in 1867. Until the opening of the Cane Hill Asylum this was familiarly known as the "New Surrey Asylum".

The original cost of the building, including furniture, was £102,000, and £73,000 has since been spent in additions and alterations. The older part of the building is on the common gallery type, with the single rooms on one side. The latter, as in so many of the older asylums, are dull, owing to the windows being insufficient in size and placed too high from the floor-level. The newer parts contain several fine large rooms, and altogether it may be said that the additions are on a greatly improved plan when compared with the old buildings. The asylum contains 1,050 beds, and the number of single rooms is given at 110. Either this is an error, or the asylum is lamentably deficient in this class of accommodation. There is a good recreation-room. In the new block there is a large dining-hall, wherein 300 of the women take their meals; the rest of the patients dine in their own wards—a system not to be defended, *unless the ward dining-rooms are in addition to the proper day space*, in which case

it is the best of all. There is a detached chapel and a detached superintendent's house.

At this asylum many of the patients live beyond the main building; thus, twenty-four are at the farm, twelve with the gardener, and four at the gas-works. The asylum stands on the top of a small hill, which slopes towards the Basingstoke Canal. It is close to the Brookwood Station.

There is an estate of 225 acres; the soil being in some parts sandy clay, in others sandy and peaty. Sewage irrigation is practised. The grounds are very prettily laid out.

Somerset County Asylum.

This asylum was opened in 1848. It now contains 830 patients, and, with the land, cost £130,000. There are no special features worthy of note, except that there are three detached buildings, wherein are lodged respectively fifty, twenty-four, and ninety patients. These blocks are provided with separate kitchens. Ten men sleep at the farm, but take their meals in the house. There are 192 single rooms.

The asylum is situated near the town of Wells. It is placed across a hill, the ground being higher behind than in front; and as some of the water-closets are at the back, in two instances of necessity the drains pass under the building. Lately much has been done to improve the drainage—indeed, it has been entirely remodelled. There was a detached hospital here, but the building was so constructed that it was quite unsuitable for the purpose, and was, therefore, converted to an ordinary ward, and forms the first detached building referred to as containing fifty patients. There are 107 acres in the estate. Sewage irrigation is now in use here, the lime process having proved a complete failure.

The asylum is now overcrowded, and seventy patients have had to be boarded in other asylums. The committee are at present obtaining plans for a second asylum for the county, to be erected on an estate recently acquired in the same neighbourhood. This will accommodate 450.

Salop and Montgomery Asylum.

This asylum was opened in 1845.

In addition to the counties of Salop and Montgomery, it takes

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in the borough of Wenlock. The information supplied is insufficient to enable us to give a detailed description of the asylum. It contains 745 patients. It is situated at Bicton, near Shrewsbury.

Burntwood Asylum, Lichfield, Staffordshire.

This asylum contains 630 patients, of whom 92 have single-bedded rooms. It was opened in 1865. The total cost, exclusive of land, but inclusive of additions and furniture, was £119,000. The estate consists of 147 acres. The soil is clay in some parts, and in others it is of a light, friable nature.

There is a detached hospital for infectious diseases, used at present as a residence for ten patients.

There are a few private patients who pay 14s. a week each, and the pauper rate of maintenance is 8s. 9d. per head per week. There are two assistant medical officers. The open-door system is in use partially, and the results have been satisfactory.

Three hundred and sixty of the patients take their meals in the large dining-hall. There are fifty-six attendants and nurses for day duty and eight for the night. Electric tell-tale clocks are in use.

Oxford County Asylum.

Opened in 1846. It contains 476 patients, and 120 of these have single rooms. There is no dining-hall, and no detached hospital for infectious diseases.

The asylum is situated at Littlemore. It faces nearly west, and runs parallel with the Oxford and Henley road, which is sixty yards from the building, and forms a boundary of the estate.

A new chapel and superintendent's house were built in 1882, otherwise the asylum has not been added to since 1854.

Leicester and Rutland Asylum.

The lunatic asylum for the counties of Leicestershire and Rutland was opened on the 10th May 1837, to contain about 100 patients. It was erected at a cost of some £18,000. It is pleasantly situated on Knighton Hill, about a mile from Leicester town, and commands fine prospects of the town, etc.

Having been several times enlarged, it has now accommodation

for 500 patients, including a charity connected with the institution owning fifty beds.

Fifty patients are at present boarded-out at the Leicester Borough Asylum under a contract for five years. The management of the asylum is conducted by the medical superintendent and a staff of officers and servants under a committee of management.

The estate comprises 37 acres, of which some 28 are under cultivation by farm-servants and the patients.

Lancashire Asylum at Rainhill.

The original asylum was built in 1851, and was intended for 400 patients. It was enlarged at various times until it had accommodation for 750 patients. In 1887 an annexe was opened for 1,066 patients, and therefore upwards of 1,800 patients can now be taken in. Single-bedded rooms are provided for 252. The total cost of land, buildings, and furniture seems to have been about £388,000.

There is no detached hospital for infectious diseases. Upwards of 1,000 patients take their meals in the large dining-halls. There are 149 attendants and nurses, but nineteen of the men are employed as artizans, and there are ten men and eleven women on night duty. Electric tell-tale clocks are used in the asylum.

There are five assistant medical officers. The pupils from University College, Liverpool, occasionally visit the wards.

The estate consists of about 232 acres. The building stands on the new red sandstone, much of it directly on the rock. In the lower portions of the estate the soil is somewhat heavy, the sub-soil being clay and marl.

The asylum is about one mile from the Rainhill Station.

Lancashire Asylum at Prestwich.

Opened in 1851. This contains over 2,300 patients. There are 350 single rooms, and fifty "cubicals". Sixteen hundred patients use the dining-halls. There is a detached hospital, which, when not wanted for its special purpose, is occupied by convalescent patients. Forty-six patients live at the farm cottages. The cost of the land and buildings, including the annexe, seems to have been £351,436. The asylum is situated at Prestwich, four-and-

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a-half miles from Manchester. The estate consists of 193 acres, and the soil is of a sandy nature.

West Riding Asylum.

This is an old asylum, opened in 1818. It now contains 1,410 patients, and there are only 179 single-bedded rooms. There is a detached hospital, kept exclusively for infectious diseases and surgical cases. There is a pathological department, with museum and photographic rooms. The dining-hall is used by 356 male patients; the female patients take their meals in the wards. The asylum is situated close to Wakefield.

North Wales Asylum.

Opened in 1848. It contains 539 patients, and there are sixty-eight single rooms. There is no detached hospital for infectious diseases. In the dining-halls 340 patients take their meals. The asylum is situated close to the town of Denbigh. The main elevation faces south-east. The estate consists of 100 acres, and the soil is of a light clay and sand.

City of London Asylum.

This asylum was built by the Corporation of London, and opened in 1866. It contains 430 beds and about seventy single rooms. Its special feature is the system of ventilating into the central shaft. This shaft is heated by the smoke-shaft, and thereby an upward current is created. There is a detached hospital for infectious cases. It is at present occupied by female patients, not being required for its special purpose. The entire cost of the asylum, including land (to which 107 acres have been recently added), furniture, and additions, has been about £100,000. It is situated between Dartford and Greenhithe, sixteen miles from London. The estate now comprises 140 acres.

Leicester Borough Asylum.

Originally opened in 1869, since which time the following additions have been made :—a new wing, with large epileptic dormitory to the male division, opened in 1884; a similar wing to the female division, opened in 1890; and a block of new workshops, first occupied in 1886. The institution contains sixty-two single

rooms. It contains 498 patients. A detached infirmary is provided in case of infectious disease breaking out.

No information as to plans or cost of asylum has been received, and the building is said to have nothing special about it. The estate consists of forty-one acres. It is situated at Humberstone, close to Leicester.

Ipswich Borough Asylum.

Opened in 1870. This contains 260 patients, and single rooms are provided for forty-four of them. There is a detached infirmary for infectious diseases, used generally as an auxiliary ward. One hundred and sixty patients take their meals in the dining-hall. The building as it now stands has cost about £32,000. It is pleasantly situated about two miles east of Ipswich, on an elevation about 120 feet above the sea-level, and about ten miles from the sea. The estate consists of sixty-nine acres.

Nottingham Borough Asylum.

Opened in 1880. The dining-hall is placed centrally to the front, and accommodates fully 150 patients. Over it is the chapel. The administrative department is fairly well arranged; but there is nothing special in any part of the asylum, unless it be that the laundry and workshops are in detached blocks. This is a questionable advantage in a small asylum. There is a detached hospital for infectious diseases, but it has so many faults that it is to be hoped it will never be wanted for the purpose for which it was built. As a sort of villa residence for a few quiet patients it is admirably suited. The original cost of the asylum and furniture was upwards of £60,000,—a large sum for the style of building. A new wing was opened in 1889, and the accommodation has been raised to 560.

It is situated two-and-a-half miles from the town of Nottingham, and about 300 feet above the level of the town. The estate consists of thirty acres, and is surrounded by a fine belt of shrubs and trees, wisely planted while the asylum was being built.

Birmingham City Asylum.

Opened in 1850. This contains close on 600 patients, ninety-four of them having single rooms. In the special dining-halls 437 patients take their meals.

No plans or description of the asylum have been sent to us.

It is situated on rising ground, about two miles north of the centre of Birmingham, and faces south-east. The estate consists of forty acres, and the soil is sandy.

Coton Hill Hospital for the Insane, Stafford.

An idea of this asylum may be obtained by the knowledge that there are three main corridors arranged in the form of the letter **H**, the transverse bar of the letter being much elongated. The centre is taken up by the superintendent's office and sitting-room, and the committee-room and matron's sitting-room; on either side of these are the day-rooms and single rooms. Why the latter are placed to the front it is not easy to see, as they might much more advantageously have been at the back of the corridor. Day-rooms and attendants' rooms are placed on each side of the perpendicular part of the letter to the front, while on the left side of one corridor and the right of the other are day-rooms and dining-rooms. At the other end of the corridor to the back are the bath-rooms and single rooms. The chief staircases are placed at the points of intersection of the corridors. The building looks well in elevation, but judging from the old plan, and assuming that no important alterations have been made, it does not possess one single point worthy of imitation. There is a detached chapel. The asylum contains 150 patients, and there are two semi-detached villas on the grounds. It is an old asylum, opened in 1854, and is said to be of fire-proof construction throughout.

It is finely situated near the town of Stafford. There is a large estate of 200 acres.

State Criminal Asylum at Broadmoor, Berks.

Opened in 1863. It accommodates 480 males and 150 females. There are 400 single rooms. The asylum is built in blocks, but each block is of the usual corridor type.

The estate consists of 323 acres. The main buildings stand upon a plateau about 400 feet above the sea level. It is sheltered on the north and north-east by pine woods.

Wellington College, on the South-Eastern Railway, is the nearest station, and is about two miles from the asylum.

Wonford House, Exeter.

This asylum was opened in 1869, but the patients had been in an older asylum, which had been opened as far back as 1801. It contains about 130 patients. The building as it now stands seems to have cost, including furniture, the high sum of £71,000. The wards are arranged something like the letter **E**, placed thus, **m**, the chapel being in the centre.

It is beautifully situated on rising ground, in the parish of Heavitree, about a mile from Exeter. There are sixty acres of land, twenty of which are laid out as pleasure-grounds.

Warneford Asylum, Oxford.

Opened in 1826. This asylum contains about 100 beds. The buildings, to which large additions have been recently made, are substantially and comfortably furnished, are well adapted for the successful treatment of the inmates, and so arranged as to make their surroundings as home-like as possible. The grounds are extensive and well laid out, and afford fine views of the surrounding country.

It is situated on Headington Hill, about two miles from Oxford. The estate consists of twenty-two acres.

In a few cases the rates have been reduced to 5s. a week.

The Coppice, Nottingham.

This asylum, for private patients only, will accommodate 110 patients, and forty of these have single-bedded rooms. The cost of the building has been, up to the present time, £30,000. There is a large recreation-room, and the dormitories and single rooms are large and airy. Dining, drawing, billiard, and reading-rooms are provided.

The building faces south, and is situated on an eminence close to the town of Nottingham. There are seventeen acres of land around it.

Lincoln Lunatic Hospital.

Opened in 1820. This is an example of the simplest type of asylum construction. The original building consisted of a three-

story centre and awing on either side containing gallery wards. Return wings were built in 1830, and some further additions were made in 1878. The asylum can accommodate eighty patients, and more than half of these have single-bedded rooms.

There are seven acres of pleasure grounds.

Barnwood House Hospital, Gloucester.

Opened in 1860. This contains 160 patients, and eighty-two of these have single-bedded rooms. The building and land cost £77,000, and additions are frequently made to it. There are three villa residences on the grounds.

It is situated at the foot of the Cotswold Hills and about two miles from Gloucester. It is surrounded by an estate of 240 acres.

Royal India Asylum at Ealing.

This asylum was opened in 1870. It contains 101 patients. It was a private mansion, and was altered and added to so as to render it suitable for the reception of patients.

Royal Albert Asylum for Idiots.

The ground plan of this asylum resembles the letter **E**, placed thus **W**. The projection in the centre of the main front contains the medical superintendent's residence, waiting-room, matron's rooms, entrance-hall, and staircase. On either side of these are day-room and dormitories, those on the right being for males, and those on the left for females. These, with the projection first spoken of, form the main front, and behind these runs a corridor 9 feet wide and 260 feet long, which connects the wings with the main front. The corridors have rooms on both sides, and this part of the asylum is in our opinion of very faulty construction. The wings are put on at right angles to the corridor, and there is nothing calling for favourable comment in the arrangement of the rooms in these wings. The dining-hall is directly in the rear of the centre. It is a fine room, and conveniently situated in relation to the day-rooms and kitchen department. The laundry and workshops are contained in a detached block, approached by a corridor from the main building. The infirmary is entirely apart from the asylum proper, and is about 250 feet distant. It

consists of a centre and two wings; the former contains a common day-room, and the latter are the dormitories. Over part of the centre is a first floor, having a separate staircase, and intended to be used for infectious cases. Whether perfect isolation could thus be secured is perhaps a little doubtful; but, apart from this, it may be said that the infirmary is well planned. A handsome recreation-hall has lately been added. Speaking generally of the whole asylum, it may be said that the elevation, the dining-hall, the recreation-hall, and kitchen department, and the infirmary ward, are good; but that the other features in the building are, in our opinion, not up to date. The asylum contains about 600 beds.

The cost was £112,000, but this includes the land, farm buildings, eight cottages, three lodges, and furniture. It is situated about one mile from Lancaster, and two miles from Morecambe Bay. The estate consists of 105 acres.

The Earlswood Asylum for Idiots.

This asylum was erected in 1853, and was opened by the Prince Consort. It is built on rising ground, with strongly defined declivities. The buildings are divided into two groups; in the one are the rooms of the boys, girls, and private patients, with the general service; in the other, workshops, schools, laundry, and accessories. The first group—the asylum proper—presents a pleasing front with a southern aspect, having at the extremities two extensive wings, turned northwards. A central pavilion, with a tower, occupies the middle of the front, behind which extends another wing parallel to the extremities. The main façade has a pleasing effect in white stone with darker stone for the bays, string and belting courses and cornices; a contrast is also obtained by an alternation of single and double casements, irregular projections of bay windows and balustraded terraces. The whole of the frontage is arranged in three stories, whilst the wings are two-storied, and the windows, with stone mullions, are of plate-glass. The basement is devoted to the magazines, store-rooms, boilers, dispensary, and stores; on the ground-floor are the various sitting and class-rooms; whilst the upper floor is devoted to bedrooms. A farm, completed on model lines, adjoins the asylum, with a residence for the managing farmer. The grounds comprise about 200 acres, and afford occupation and amusement for many of the inmates, who, at present, number upwards of 630. Two medical officers, a

steward, store-keepers, matron, governess, and assistants, form the main staff, assisted by about 150 persons in the various departments.

In addition to the County and Borough Asylums just enumerated, the following other asylums are of the corridor type:—

Exeter City Asylum.

Opened 1886. Towards the end of 1891 this asylum contained about 340 patients. There are forty-three single-bedded rooms. With the exception of the laundry, day-rooms, and dormitories, all the wards are arranged in one straight line. This line is broken by large bays, two of which in each division of the asylum form parts of the day-rooms, and one is a dormitory. There are three wards on the ground-floor, and a fourth is placed over the one next the centre. In many cases the gallery part of the day-room has single rooms opening from it towards the north. The closets, and, in some instances, the bath-rooms, occupy small blocks to the north, and are cut off from the main building by ventilating passages. There does not seem to be any way of reaching No. 4 ward except by passing through No. 3, and to reach the recreation-hall the nearer way would be through Nos. 1 and 3. These points strike us as being serious defects in a new asylum. The recreation-hall projects from the centre of the front elevation. The stage and dressing-rooms are at one end of the hall, and as the hall is nearly a double cube, it follows that those patients who sit at the opposite end will have a poor view of the stage unless there is a gallery at the end, or the stage is very high. The space under the hall has been made use of as an exercising-room—an admirable arrangement, which is also seen at the Royal Albert Asylum.

There are two large dining-halls—a plan which is greatly superior to the common one of using the recreation-hall as a dining-room for both sexes, but is inferior to the system of providing a dining-room for each ward. Indeed, the absence of these separate dining-rooms is a great deficiency in our English county asylums. There is a Turkish bath.

The administrative department is fairly well arranged, and so are the workshops and laundry. The medical superintendent's house is detached, as it always ought to be in asylums. The chapel is also detached. There is no hospital for infectious diseases. The building is lighted throughout by electricity. The ventilation and warming seem to have been carefully attended to.

The estate comprises ninety acres of land. The soil is a rich loam over red sandstone.

Cork District Asylum, Cork.

Opened 1853. This must be ranked as a corridor asylum. The administrative block is placed at the rear of the central block, and is confined to the ground floor. Traffic between the more distant wards and the central departments must pass through other wards on the way. The galleries have no bay-windows, but separate day-rooms are provided. The main building, 1,250 feet long, consists of gallery wards. There are three floors. The asylum was originally built in blocks with communicating passages, but these have been abolished and wards substituted. An infirmary for 100 patients has also been built; and a detached building, with large dormitories and day-rooms for chronic patients, is now in course of erection for 430 patients, making total accommodation, when finished, for 1,250 inmates.

The Holloway Sanatorium, Virginia Water.

The plan of this building presents a very conglomerate type of corridor asylum. There are connecting passages on the ground level. None of the wards are of the gallery type, but each possesses two or three day-rooms; these open into one another in such a way that some of them must come to be used as thoroughfares. A large number of passages, lobbies, and ante-rooms detracts a good deal from the simplicity of the plan, and may render due supervision somewhat difficult. Many improvements and alterations have lately been made, and it now compares favourably with asylums of its class.

Pennsylvania Hospital for the Insane (Department for Males).

Opened 1859. This is a three-storied corridor asylum of by no means an enlightened type. It is minutely described by the medical superintendent, Dr. Kirkbride, in his book on *Hospitals for the Insane*. It consists of a central building, ranges of wings extending right and left of it, with return wings at their far ends. All the gallery wards have single rooms, etc., upon both sides throughout their length, and no bay-windows are provided. The arrangements for cross-ventilation between wards on the

same level are inadequate. The water-closets are not sufficiently cut off from the wards by a ventilated space. The place of communicating corridors upon the ground level is taken by a tramway in the basement cellar under the wards. Dr. Kirkbride is so content with the plan of this building that he would recommend its repetition, with only a few slight modifications. We cannot agree with him in this. The asylum is a bad specimen of a type of building which at its best should be discarded in favour of more modern plans.

Alabama Hospital for the Insane.

This is a corridor asylum upon the linear plan, and is also built in three stories. It presents the same faults as the asylum just described.

Illinois Northern Hospital for the Insane, at Elgin, Illinois.

This is built upon what Dr. Kirkbride terms the "improved linear plan". Some bay windows are introduced at the centres of the galleries; single rooms are placed upon both sides of them, and other faults of the corridor plan are exemplified.

Proposed Central Hospital for the Insane, Pennsylvania.

This plan was recommended for criminal lunatics by a commission appointed in 1874 by the Legislature of Pennsylvania. It is published in Dr. Kirkbride's book.* It consists of four blocks of buildings (each arranged upon the corridor and gallery-ward type) which radiate from a central administrative building, to which they are connected by fire-proof corridors. This is a great improvement upon the linear plan, better ventilation is rendered possible, and thoroughfare wards are avoided; greater security from conflagration is also procured. The chief fault of the plan is that the gallery-wards are all arranged with single rooms, etc., upon both their sides. This fault is only partly counteracted by the introduction of bay-windows at the ends of the galleries and in the centre of one of their sides.

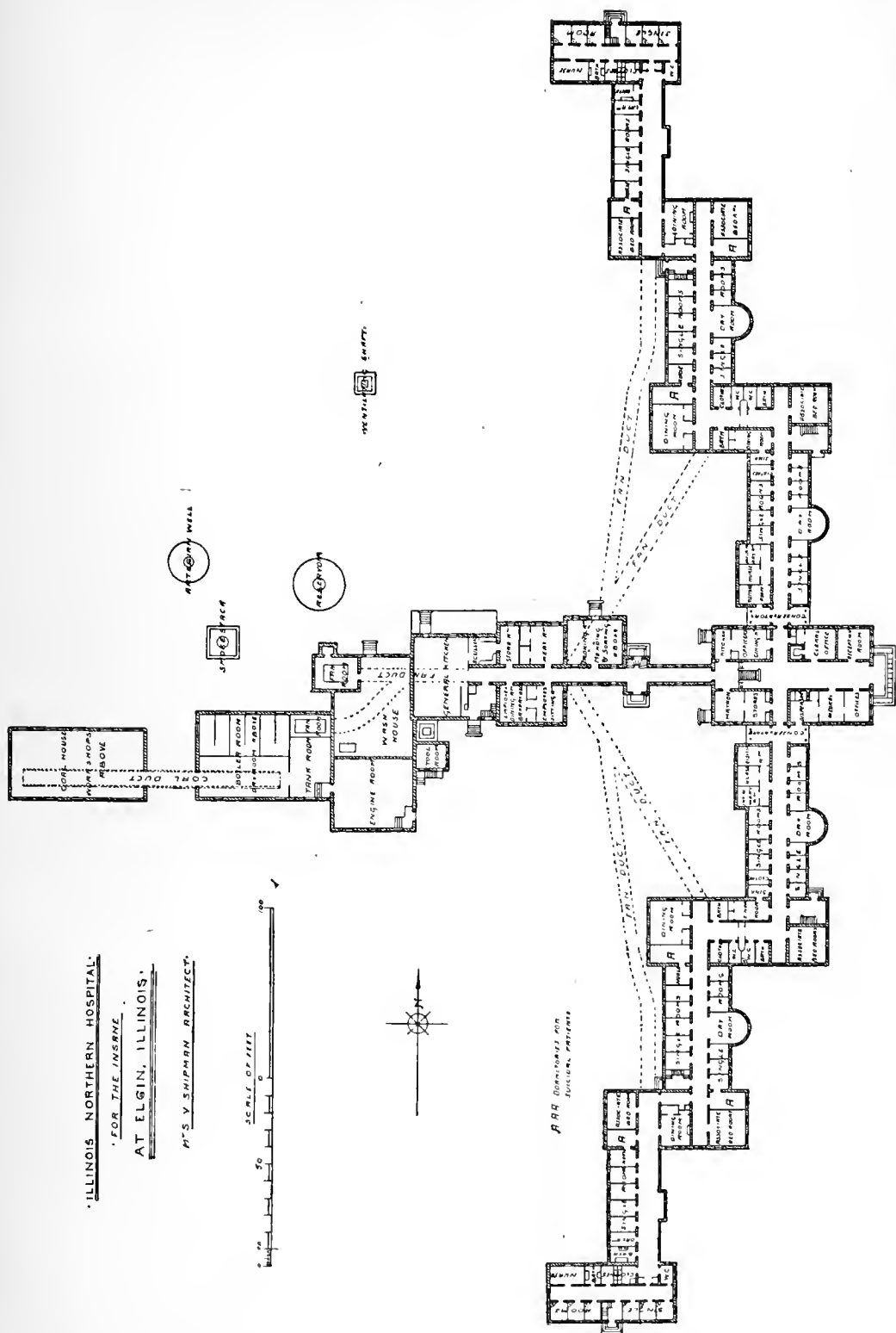
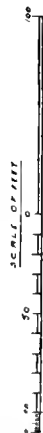
The asylums given below are also of the "Corridor" type, and we have included, where the information has been obtainable,

* *Hospitals for the Insane*, 1830.

FOR THE INSANE

AT ELGIN, ILLINOIS.

MRS V SHIPMAN ARCHITECT.



references to publications containing plans of the several asylums, and figures showing the date of establishment and the amount of accommodation of each institution. The date of establishment is given in italic figures.

SCOTLAND.

Aberdeen Royal Asylum, *1800*, 700.
 Dumfries do. (Crichton
 Royal Institution), *1839*, 600.
 Dundee Royal Asylum, *1820*, 370.
 Edinburgh do. *1813*, 850.
 Glasgow do. *1814*, 500.
 Montrose do. *1782*, 500.
 Perth, James Murray's Royal Asylum,
1827, 140.
 Ayr District Asylum, *1860*, 328.
 Banff do. *1865*, 150.
 Fife and Kinross District Asylum,
1866, 380.
 Haddington do. *1866*, 120.
 Midlothian and Peebles do. *1874*, 250.
 Perth do. *1864*, 300.
 Roxburgh, Berwick, and Selkirk Dis-
 trict Asylum, *1872*, 203.

IRELAND.

Armagh District Asylum, *1824*, 304.
 Ballinasloe do. *1834*, 740.
 Belfast do. *1829*, 650.
 Carlow do. *1831*, 314.
 Castlebar do. *1886*, 375.
 Downpatrick do. *1869*, 420.
 Dundrum Criminal Asylum
 Ennis District Asylum, *1868*, 360.
 Enniscorthy do. *1868*, 400.
 Kilkenny do. *1852*, 316.
 Killarney do. *1852*, 460.
 Letterkenny do. *1866*, 422.
 Limerick do. *1825*, 500.
 Londonderry do. *1829*, 364.
 Maryborough do. *1833*, 420.
 Mullingar do. *1855*, 580.
 Omagh do. 550.
 Sligo do. *1853*, 470.
 St. Patrick's Hospital (Swift's) *1745*,
120.
 Waterford District Asylum, *1834*, 370.

GIBRALTAR.

Lunatic Asylum of Gibraltar.

CANADA.

Asylum for the Insane, Toronto, 703.

BELGIUM.

Bouchout. L'Etablissement des Frères
 Cellites, *1345*.

DENMARK.

North Jutland. Aarhus Asylum, *1852*,
400.
 Vordingborg Asylum, *1858*, 430.

FRANCE.

Cadillac (Gironde) Asylum, *1827*.
 [*Choix d'édifices publics* . . . ii, p. 22,
 pl. 89-90. 4to. Paris, 1825 à 1836.]
 Devillas. Issy Asylum, 100.
 [*Rev. gén. de l'Architect. et des*
trav. publics, xxii, p. 240, fig. 20.
4to. Paris, 1841.]
 Evreux. Departmental Asylum for
 Eure, 800.
 La Roche Gandon Departmental Asy-
 lum for Mayenne.
 La Roche-sur-Yon. La Grimandière
 Departmental Asylum for Vendée.
 Marseilles Asylum, *1838* 356.
 [*Choix d'édifices publics* . . . ii, p. 22,
 pl. 292-3. 4to. Paris, 1825 à 1836.]
 Nantes. St. Jacques' Asylum, *1835*, 620.
 Nièvre. La Charité, Departmental
 Asylum for Nièvre, 305.

GERMANY.

Langenhagen Asylum for Idiots.
 [Plans published by Asylum.]
 Leipzig. Clinical Asylum of the
 University.
 [*Die Irrenklinik der Universität*
Leipzig, von Dr. Paul Flechsig.
 Leipzig: Veit & Comp., 1888.]
 Schleswig Asylum.
 [*Summarischer Bericht über die*
Irrenanstalt bei Schleswig, von
 Dr J. Rüppell. Hamburg: Haen-
 deke & Lehmkuhl, 1872.]

Schwetz Asylum, 1853, 200.

[*Ztschr. f. Bauw.*; hrsg. von G. Erbkam, 1854, Bl. 19-32. Texte 119-121. 4^o Berlin, 1851.]

Schweizerhof. Private Asylum for Women.

[*Asyl Schweizerhof.* Berlin : G. Reimer, 1878.]

HOLLAND.

Meerenberg Haarlem. Cure-Asylum.

ITALY.

Florence. Santa Maria Nuova, 813.

[*Rev. gén. de l'Architect.* . . xxii, p. 246. 4^o Paris, 1841.]

NORWAY.

Christiania. Gaustad Asylum, 1855.

RUSSIA.

Bouraschof. County Lunatic Asylum of Twer.

[*Planui 13-te psychiatritskesk.* Zabedeney : 1a & b.]

Charkow. County Asylum.

[*Planui 13-te psychiatritskesk.* Zabedeney : 7a & b.]

Cherson County Asylum.

[*Planui 13-te psychiatritskesk.* Zabedeney : 9a & b.]

Moscow. Preobrajensky Lunatic Asylum.

[*Planui 13-te psychiatritskesk.* Zabedeney : 13a & b.]

Novgorod. Colmow's County Asylum.

[*Planui 13-te psychiatritskesk.* Zabedeney : 2a & b.]

Saratov County Asylum.

[*Planui 13-te psychiatritskesk.* Zabedeney : 3a & b.]

Tauric County Asylum.

SWEDEN.

Hernösand Asylum, 221.

[*Bidrag till Sveriges officiella statistik. Öfver styrelsens öfver hospitalen underdäniga berättelse för år 1879.* Stockholm, 1881.]

UNITED STATES OF AMERICA.

Alabama Insane Hospital, Tuscaloosa, 957.

State Hospital for the Insane, Little Rock, Ark., 408.

State Asylum for the Insane, Napa, Cal., 1,454.

State Asylum for the Insane, San José, Cal.

State Insane Asylum, Stockton, Cal., 1646.

Pacific Insane Asylum, Stockton, Cal.

Connecticut Hospital for the Insane,

Middletown, Connecticut, 1292.

Dakota Hospital for the Insane, Yankton, Da., 166.

State Asylum for Indigent Insane, Chattahoochee, Florida.

Illinois Northern Hospital for the Insane, Elgin, Ill., 519.

Hospital for the Insane, Logansport, Ind.

Hospital for the Insane, Evansville, Ind.

Iowa Hospital for the Insane, Mount Pleasant, Iowa, 759.

State Insane Asylum, Osawotamie, Kansas, 500.

Kansas Insane Asylum, Topeka, 681.

Central Lunatic Asylum, Anchorage, Kentucky, 787.

Western Kentucky Insane Asylum, Hopkinsville, Kentucky, 569.

Maryland Hospital for the Insane, Catonsville, 423.

Mount Hope Retreat for the Insane, Baltimore, Maryland, 534.

State Lunatic Hospital, Worcester, Mass., 809.

Insane Asylum, Worcester, Mass., 383.

Lunatic Hospital, Taunton, Mass., 617.

Lunatic Hospital, Northampton, Mass., 446.

Corporate Lunatic Hospital, Boston, Mass.

Michigan Retreat for the Insane, Detroit, Mich., 105.

State Lunatic Asylum, Jackson, Mississippi, 459.

State Lunatic Asylum, Meridian, Mississippi.

- State Lunatic Asylum, Fulton, Missouri.
- State Lunatic Asylum (No. 3), Nevada, Missouri, 167.
- State Lunatic Asylum (No. 2), St. Joseph, Missouri, 479.
- Insane Asylum of the City of St. Louis, St. Louis, Missouri, 500.
- St. Vincent Institution for the Insane, St. Louis, Missouri.
- Hospital for the Insane, Lincoln, Nebraska, 392.
- Essex County Asylum for the Insane, Newark, N.J., 416.
- State Asylum for the Insane, Morristown, N. J., 904.
- Utica State Hospital, Utica, N.Y., 652.
- Middletown State Hospital, Middletown, N.Y., 549.
- Buffalo State Hospital, Buffalo, N.Y., 403.
- State Asylum for Insane Criminals, Auburn, N.Y., 219.
- New York City Asylum for Men, Wards Island, N.Y., 114.
- Kings County Lunatic Asylum, Flatbush, N.Y., 1,791.
- Bloomington Asylum, New York, 306.
- Brigham Hall, Canandaigua, N.Y., 66.
- Marshall Infirmary, Troy, N.Y., 109.
- Long Island Home, Amityville, N.Y., 87.
- Providence Retreat, Buffalo, N.Y., 119.
- Asylum for Coloured Lunatics, Goldsboro, North Carolina, 231.
- Western Lunatic Asylum, Morgantown, North Carolina, 421.
- North Carolina Insane Asylum, Raleigh, North Carolina, 292.
- Athens Asylum for the Insane, Athens, Ohio, 815.
- Cleveland Asylum for the Insane, Cleveland, Ohio, 675.
- Columbus Asylum for the Insane, Columbus, Ohio, 914.
- Dayton Asylum for the Insane, Dayton, Ohio, 579.
- State Hospital for the Insane, Danville, Penn., 888.
- Friends Asylum, Frankford, Penn., 114.
- Pennsylvania Hospital for the Insane, Philadelphia, Penn., 973.
- State Hospital for the Insane, Warren, Penn., 725.
- Butler Asylum, Providence, R.I., 165.
- Lunatic Asylum of South Carolina, Columbia, 759.
- Hospital for the Insane, Knoxville, Tennessee.
- State Lunatic Asylum, Austin, Texas, 621.
- State Lunatic Asylum, Terrell, Texas.
- Utah Insane Asylum, Provo, Utah, 69.
- State Asylum for the Insane, Waterbury, Vermont.
- Vermont Asylum for the Insane, Brattleboro, Vermont, 468.
- South Western Lunatic Asylum, Marion, Virginia.
- Central Lunatic Asylum (for coloured Insane), Petersburg, Virginia, 552.
- Eastern Lunatic Asylum, Williamsburgh, Virginia, 397.
- Government Hospital for the Insane, Washington, D. C., 1,361.
- West Virginia Hospital for the Insane, Weston, West Virginia, 688.
- State Hospital for the Insane, Mendota, Wisconsin, 533.
- Northern Hospital for the Insane, Oshkosh, Wisconsin.





CHAPTER XIV.

TYPES OF ASYLUMS.—*Continued.*

The Pavilion type, its various forms and drawbacks.—Descriptions of the following Asylums as examples:—Darenth, Second Gloucester, Leavesden, Coulsdon.—List of other Asylums of the Pavilion type.

3.—PAVILION ASYLUMS.



THIS type of asylum construction is almost identical with that of modern hospitals. Indeed, the only difference is that larger day-rooms and a certain number of single-bedded rooms have to be provided in the asylum, which are not necessary in the hospital.

The blocks may be of almost any size or shape, and the corridors connecting the various blocks are only one story high. They are ground-floor passages merely, so that the first and second floors of any block must be reached by a staircase within the block itself. The disposition of the connecting corridors decides the relation which the blocks bear to each other, and there are four chief modes for this:—

1. The linear form, the blocks being arranged on one or both sides of a perfectly straight line.
2. The broad arrow form, in which the blocks project from a V-shaped corridor, the limbs being more extended than in the letter.
3. The letter H form, the blocks being attached endways to the perpendicular parts of the letter.
4. The crescentic or horse-shoe shape.

A fifth arrangement might perhaps be described, wherein the corridors are quadrangular, but this will be noticed when speaking of corridor-pavilion asylums.

The first and second forms are better adapted for asylums under 1,000 beds than the other forms, and as no asylum should under any circumstances exceed that number, the third form would possess no practical interest were it not that three enormous asylums have been built in this style. In our opinion the pavilion type, as generally carried out, has too many drawbacks to permit its adoption for a county asylum, and is only allowable in those cases where idiot children or imbeciles have to be treated. Even in these cases a properly arranged corridor-pavilion building is preferable.

The drawbacks of the pavilion system are—the difficulty, if not impossibility, of efficient supervision by the superior officers of the asylum; the difficulty of providing a sufficient number of single rooms without introducing the old gallery type of ward; the inconvenience of having to descend from one floor of any particular block before reaching any other block, whereby the work of the staff is greatly increased; all the staircases must be incorporated in their blocks; in the case of fire or panic the risk to the patients is very much greater than in some other cases. Some of these objections have been found so great at Leavesden and Caterham that bridges have been thrown across from block to block on the first floors.

Whichever of these four or five forms be adopted, the administrative department proper always occupies its usual central position, and the workshops and laundry are placed behind the centre, or at either end of the corridor, or sometimes centrally to each division, as fancy may dictate.

The Asylum for Idiots at Darent, Kent.

This may be taken as an example of the first or linear form of the block type, though it is modified by shorter corridors placed at right angles backwards from the main corridor. In the centre of the latter is the administrative block, containing at the front the entrance hall, medical superintendent's house, assistant medical officer's, matron's and schoolmistress's rooms, committee room, offices, etc. Parallel corridors connect these with the main corridor. Behind is the kitchen department, and still further backwards are the workshops and laundry. The whole of the administrative department is well arranged, except that the superintendent's apartments are too near those of the subordinate officers. On the right of the administrative block (when facing the asylum) are the dining-hall, and

three blocks ; two other blocks being arranged on the opposite side of the corridor. Outside these, on each side, are the bath-rooms. In a line with the corridor is another block, and three blocks project from a shorter corridor, placed, as already said, at right angles backwards to the main corridor. Some of these blocks contain both day-rooms and dormitories, and others are dormitories only. These are for the male patients. On the left are the blocks for girls, and they are counterparts of the male blocks, except that the chapel takes the place of the dining-hall, at the end of which is a stage, and the schoolrooms are placed behind but on the opposite side of the corridor, whilst the rectangular corridor contains three blocks, as on the male side.

As the blocks are nearly all alike a description of one ward will suffice for all.

The day-rooms and dormitories are nearly three times as long as they are wide. Some of the dormitories are four times as long as they are wide. Each ward is approached from the main corridor by a passage about 15 feet long ; and on one side of this passage is the staircase, and on the other side two rooms, which are in some instances devoted to attendants' rooms and single rooms, and in others to store-room and scullery. The passages cannot fail to be dark, and they are the greatest blemish in the asylum. Clearly the staircases and rooms should have been on the same side of the passage, and so have left one side free for light and air. Many of the day-rooms have large bays and are much improved thereby.

The water-closets project from the ends of the wards and are separated from them by ventilating lobbies. In addition to the faults already noticed there are others inseparable from the block system as carried out here. Notwithstanding this, it may be freely admitted that Darenth is incomparably the best planned idiot asylum in England. It was opened in 1878, and, exclusive of land, seems to have cost about £100,000. It contains 600 children.

At the back of the main building ten ground-floor blocks have been erected, consisting of an octangular day-room, two dormitories, and a passage, out of which open bath-rooms, water-closets, a kitchen, single rooms, and coal-cellar. Outside the day-rooms are three verandahs, so arranged as to protect the patients from wind and rain. The blocks are connected by corridors, and contain 400 helpless children, making, with the 600 before-mentioned, accommodation for 1,000.

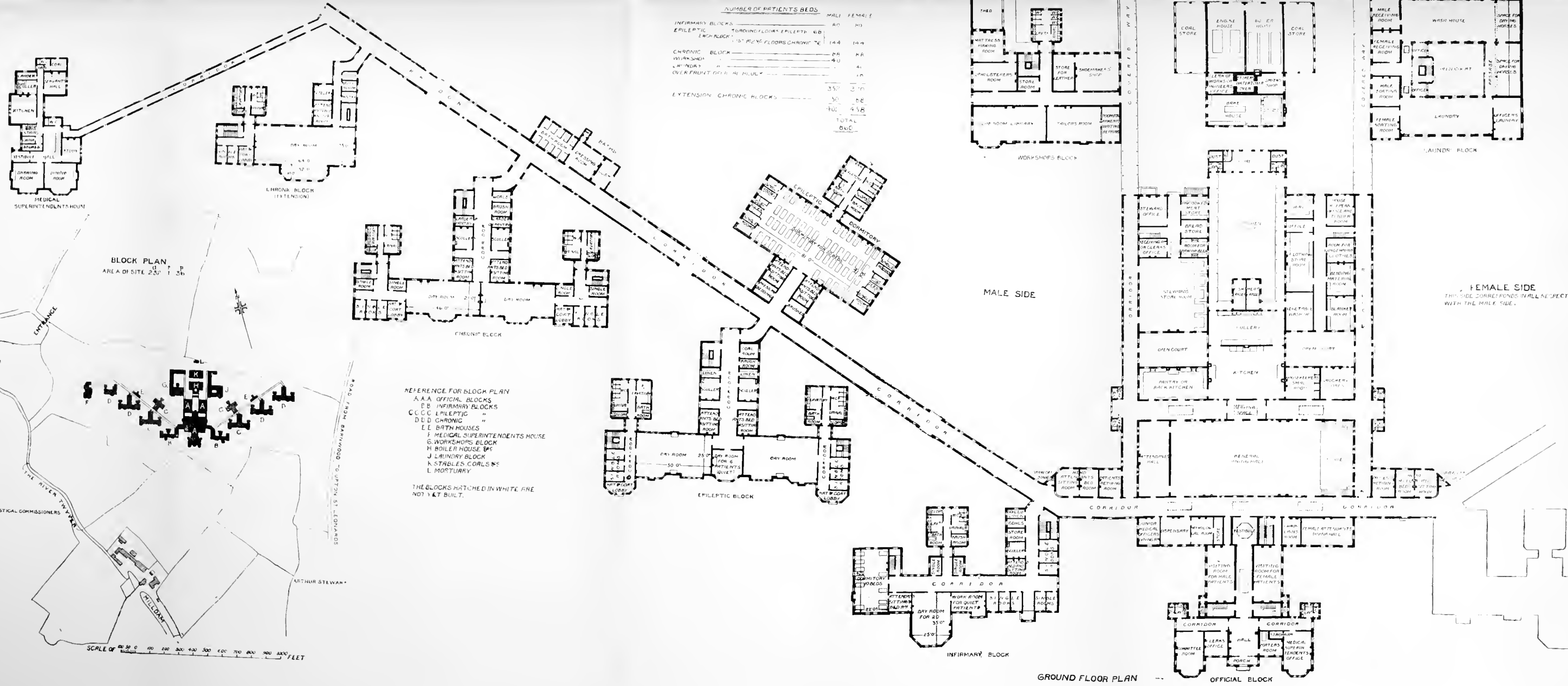


ARCHITECTS FOR THE ASYLUM
MESSRS BILES GOUGH & TROLLOPE 1881

THE BUILDINGS CONTAIN GENERALLY
GROUND FLOOR
FIRST
SECOND

THE BUILDINGS NOT BEING COMPLETED THE
ORIGINAL PLAN WAS GIVEN
THE SEWAGE IS DISPOSED OF BY SURFACE IRRIGATION

NUMBER OF PATIENTS BEDS		
	MALE	FEMALE
INFIRMARY BLOCKS	60	60
EPILEPTIC BLOCK	144	144
CHRONIC BLOCK	48	48
WORKSHOPS	40	40
LAUNDRY	40	40
OVERFRONT OFFICE BUILDING	350	350
EXTENSION CHRONIC BLOCKS	50	50
TOTAL	700	700



GROUND FLOOR PLAN

OFFICIAL BLOCK

The Second Gloucester County Asylum.

This asylum is in course of construction, and at present only the administrative block and four patients' blocks are erected. It affords an instance of the second or broad arrow form of the pavilion system in England. We believe this plan was introduced to the asylum world by Dr. Gray, under whose superintendence the asylum at Buffalo was built, and plans were published in the *American Journal of Insanity*.

In the memorandum of the Privy Council, printed in the appendix to the first report of the Local Government Board, the broad arrow arrangement was recommended for infectious hospital construction. Since the appearance of these designs the arrangement has been a favourite one with architects, and all the recent asylum plan competitions have contained several sets of plans bearing a more or less close resemblance to those named above. It is a "taking" form on paper, and is likely to be a favourite with those ignorant of the inner workings of a county asylum. Like the first form it is much more suitable for a general hospital or for a fever hospital. When blocks are arranged in either of these forms it follows that the distance between the extreme points of the building is great, and, as the long corridors are almost necessarily only one story high, convenience in working the asylum and careful supervision must either be given up or be carried out under great difficulty. At Gloucester the blocks are of three stories, which still further increases all the attendant evils. Dining-rooms for the individual wards, or even for individual blocks, or even for the sides are not provided. There is one large hall which is intended also for recreation purposes. Let anyone imagine what it means to gather patients from all parts of the asylum three times a day and congregate them in this hall. No medical superintendent will like to do it, and it will very likely happen that a couple of hundred or so of the patients will take their meals in the hall and the others in the wards where there is no proper accommodation provided, and the day-rooms will be perpetually upset preparing for meals or clearing up after them. The medical superintendent states that, excepting about a score, all the 280 patients take their meals in the hall, and that he finds no trouble at present; but, he adds, it could not contain all the 1,200 patients which the asylum is ultimately intended for. The centre block to the front contains the offices, and the assistant medical officer's rooms. The entrance hall is very good, and all this part of

the asylum is well arranged. Behind are the kitchens, dining-hall, steward's department and gas-works. The dining-hall is a beautifully proportioned room, well lighted by windows and ventilated by dormers. It is lighted by electricity. At one end, and not at the side as it ought to have been, is the stage. The faulty position of the stage is increased by its being about 18 inches too low, so that patients at the end of the room will have difficulty in seeing as well as difficulty in hearing. The floor-boards are of good well-selected timber, but they have been nailed through instead of being skew-nailed, and the surface spoiled in appearance. A similar mistake has been made in the wards, but here it will not be so apparent, as a great part of the floor will doubtless be covered with carpet or linoleum. The kitchens are good, and gas only is used ; the gas being made on the new principle, by the decomposition of water, and at the almost nominal cost of 3*d.* per 1,000 feet. Unfortunately this gas has not much illuminating power. On either side of the administrative block is the infirmary ward. The ground floor consists of day-room space, single-rooms and dormitory accommodation. The day-room is divided. At one end is a small oblong room destitute of means for cross-ventilation. A larger day-room opens out of this. It is a fine room with a large bay, and is light and cheerful. The single-rooms can hardly be said to be conveniently placed. The windows would have been better had they been larger and the sills lower. Arrangements have been made for warming these rooms with coils. The coils are about four feet high, are placed in one corner of the room, and are covered by a stout iron netting. These coils are certain to get very dirty, and there seems to be no ready means of getting at them. The dormitories are all good, and some of them are very good. In the workmen's block there are two nice oblong day-rooms.

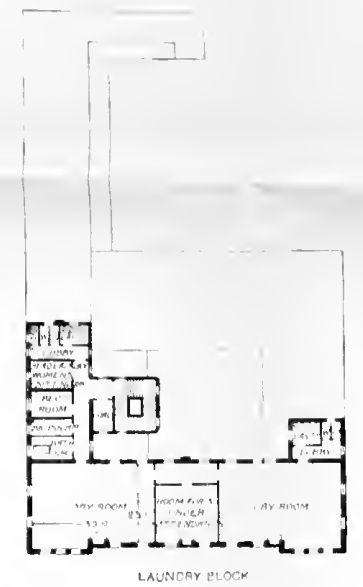
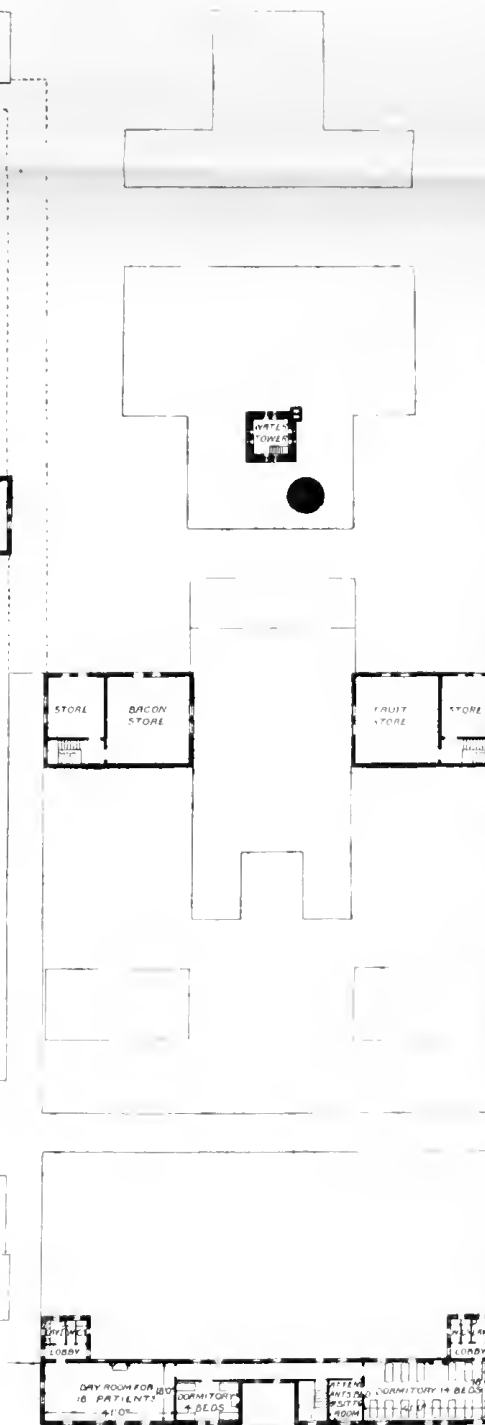
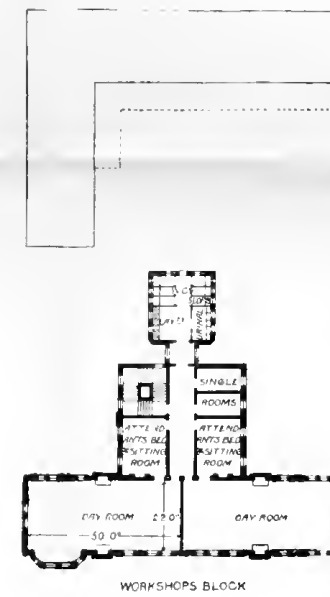
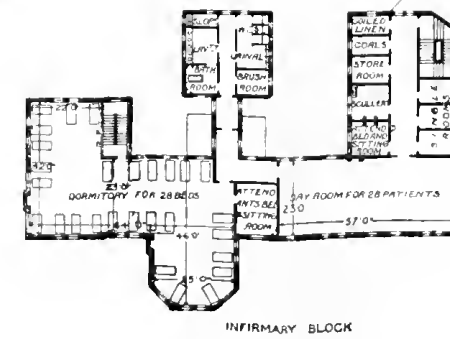
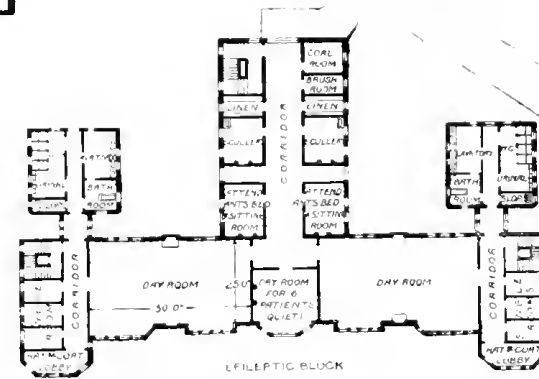
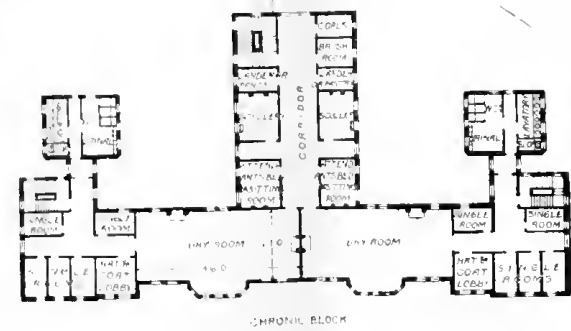
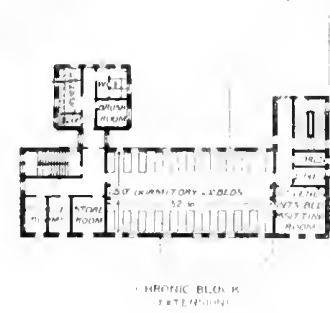
Near the centre of the administrative block rises the water tower. It looks as though the architect had borrowed the design from one of those awful things placed at railway stations containing tanks for feeding the locomotives, and it is rendered still more objectionable by having the main chimney incorporated with it. The staircases are too narrow, and their walls are not plastered. The corridors, on the contrary, are wide and carefully floored, and their walls ornamented with a band of tiles.

The water-closet arrangements are very good.

Neither the chapel nor superintendent's house is yet built.

GLoucestershire 2ND COUNTY LUNATIC ASYLUM.

SCALE OF 10 5 0 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190 200 FEET



FEMALE SIDE
THIS SIDE CORRESPONDS IN ALL RESPECTS
WITH THE MALE SIDE.

FIRST FLOOR PLAN

Metropolitan Asylum for Imbeciles at Leavesden, Herts.

This is one of the asylums constructed on the letter **H** variety of the block type. It was opened in 1870.

The three main corridors are arranged like the letter **H**, and in front of the cross bar is the administrative block, including the medical superintendent's residence. On one side is the chapel, and on the other is being erected a large recreation-room ; leading from the corridor are the matron's office, workroom, some of the shops and the kitchen. The kitchen has a corridor on each side, and these corridors approach each other at the back of the room, and run side by side to the laundry department, but do not communicate with each other.

The upright parts of the letter are represented by corridors of enormous length, and the blocks are attached to these at right angles, there being seven for the women and six for the men. This was the original number, but others have lately been added. Each block somewhat resembles the letter **T**, the horizontal part being attached to the corridor. The centre of this part contains the staircase and passages opening into the ward, and on either hand are the linen stores, clothing stores, water-closets, lavatories and attendants' rooms. On the ground-floor, therefore, the attendants' rooms are, in some cases, lighted by the objectionable system of windows placed above the roof of the corridor. The water-closets have ventilating passages. They should beyond all doubt have been placed at the extreme corners of the ward. The day-rooms are on the ground-floors. They are 105 feet long by 36 feet wide, and have bays on the south-west elevation. The first and second floors are dormitories only, except in the male and female infirmaries. The matron's house is at the south-west end of one of the long corridors, and the steward's house has a similar position on the other corridor.

Of the enormous size of the asylum no good word can be spoken ; but apart from this it may be said generally that the building is well arranged for the storage (we use the word advisedly) of imbeciles. It contains 2,000 patients, and 46 only have single rooms. There is a detached hospital for infectious diseases.

The Metropolitan Asylum at Caterham, Surrey, and the County Asylum at Banstead, are so much like Leavesden that no description of them is necessary.

Banstead has a higher proportion of single rooms, and the acute ward is better designed than that at Leavesden or Caterham. It consists of a gallery 76 feet long and 15 feet wide. Three dormitories, for nine beds each, project in front, and at the back are the single rooms, store-room and kitchen. Bath-room and water-closets project from the centre of the gallery backwards. Each end of the gallery has a large bay-window. There are two staircases to the block. It is almost universal now to have a night nurse in the infirmary wards of an asylum, and it is a pity that the two nurses' rooms were not placed in rear instead of in front, as they cannot be needed to overlook the dormitory; but they would then have been close to the single rooms, where noisy patients are, and this, therefore, is a reason for their present position. So superior is this block to the rest of the asylum that it seems probable that it was designed by the medical superintendent. The class of patients received here is totally different from that at Leavesden and Caterham.

Surrey County Asylum at Coulsdon.

This is the most complicated-looking plan we have yet examined. The leading idea of arranging the blocks in crescentic or horse-shoe fashion seems to have been borrowed from Whittingham, but it lacks the unity of design of that asylum. Although built at one time it gives one the impression of having been frequently added to, and the enormous number of enclosed courts looks as though ground space had to be economised.

The centre block is composed of the medical superintendent's house on the right side, and the medical officers' quarters, porter's room, committee room, and clerk's office on the other. Behind these are four corridors arranged in quadrangular form, and in the space thus enclosed are the chapel, chaplain's room, surgery, and what were originally meant for visiting rooms. These are now, however, used for other purposes, that on the male side having been utilised as a Roman Catholic chapel.

Immediately behind the first quadrangle is another, or rather an oblong space bounded by corridors, containing the recreation hall. This is a splendid room, but it has only one side free, the three remaining walls being surrounded by corridors. The room is lighted by windows on the free side, and also by windows above the corridor roofs and a large skylight. The kitchen and general store-room are also in this space. The steward's stores are very spacious,

and there is a large basement from which a tunnel leads into the yard, whereby all heavy stores are brought into the centre of the building without passing through the covered ways and corridors used by the patients. This is a good arrangement. Still further to the rear is the laundry—an enormous room. On either side of the north corridor of the first quadrangle, and in line with it, is another corridor about ninety feet long. On one side of this is the infirmary ward, a two-storied building, both floors having day and night accommodation; and on the other, epileptic wards—the head attendant's rooms being at the end. The infirmary ward is approached by a sort of passage having on one hand the attendant's room, bath-room, and lavatory, and on the other a small block containing the water-closets and a store-room. The ward itself is divided into a bay, a short gallery on either side of this, and a dormitory at the end of each gallery. The bay and one gallery form the day-room space, and, although the bay has a window on each side, there can hardly fail to be insufficient cross-ventilation. The staircase has a curious position near the centre of the block, and in line with the single rooms at the back of the galleries.

This epileptic ward is about 100 feet long and 39 feet wide. It is divided into two—one end being a dormitory and the other a day-room. Both are blocked at both ends, and have windows on the sides only. Single rooms are ranged along the end of the dormitory which touches the corridor leading to other blocks, so that these single rooms are lighted by windows placed over the roofs of the corridors, and consequently have the old prison-cell appearance. The next blocks are for acute cases, and a little farther on, but so close that the bath-room of the one touches the water-closets of the other, is a block for general cases—a nicely proportioned room. The next, a large block in the form of a cross, the ground plan resembling that of a cathedral, is also for general cases, and beyond this is another small block for the same purpose. From this springs a straight corridor forming part of the base of the horse-shoe, and at right angles another corridor runs to join the one at the end of the epileptic ward already described. A large enclosed court is thus formed, containing the matron's rooms, workroom, laundry block, a large block for general cases, and a smaller block of single rooms. Each ward is complete in itself, containing day-rooms, dormitories, single rooms, attendants' rooms, small kitchens, store-rooms, lavatories to both day-rooms and dormitories, closets, and in the infirmary, epileptic, and

acute wards, bath-rooms on each floor ; for the other wards there are in either division two large general bath-rooms containing nine baths, with dressing-rooms attached. The cubic space per patient varies from 788 to 613 feet in the dormitories, and 491 to 619 feet in the day-rooms. The superficial area per patient is 50 feet in the dormitories and 40 feet day space. The single rooms range from 1,267 cubic feet in the infirmaries, to 878 and 787 cubic feet in the other wards. The attendants' and nurses' rooms open into the wards, and are provided with small observation windows looking into the dormitories, thus enabling instant assistance to be rendered in case of necessity during the night. The male wards are similarly arranged, but there are two blocks fewer.

So far we have been describing the old asylum, opened at the end of 1883. During the last couple of years, however, extensive additions have been in course of building, and are now approaching completion. These spring, on the right and left of the asylum respectively, from the ends of the crescent farthest from the principal entrance, and roughly form a continuation of the horse-shoe shape. On each side are two long blocks for chronic cases, having, as one enters them from the old asylum, a room used on the male side as a boot-room and on the female side as a store-room, a lavatory, and a bath-room, on each side of a gallery leading to a large day-room. Passing through the day-room comes another gallery with single rooms on one side and attendants' rooms on the other, the gallery being furnished for the use of the patients. Out of the gallery, on the right, is a short corridor leading to the water-closets and lavatory, completely cut off by the corridor (in which admirable cross-ventilation is provided) from the ward itself. This water-closet block is also available for use from the airing-courts. Coming back to the gallery one passes into a block placed at right angles to it, half of which is a day-room and the other a dormitory. This last block is a three-storied one, the upper floors being arranged as the lower ones are. There is also on each side of the asylum a large ward, similar to the epileptic ward in the old buildings ; and, in addition, on the female side, an excellent laundry block, a large nurses' recreation-room, and accommodation for the night-nurses. The workshops, on the male side, are being enlarged. Altogether the new buildings will accommodate about 900 extra patients, bringing the total accommodation up to about 2,000.

Generally, it may be said that the wards are well lighted,

except that the single rooms in the old buildings nearest the corridors are overshadowed by the next block. The patients dine in their wards, and no special rooms are provided for this purpose; an omission which should be remedied. A common dining-room in an asylum of this size can hardly be used advantageously.

The asylum is situated in the parish of Coulsdon, on the Surrey hills, about five miles from Croydon, close to the Brighton road, which forms the east and south-east boundary of the estate, 151 acres in extent. The geological formation is chalk, covered with a varying depth of earth, but for the most part shallow. In one corner of the estate is a valuable bed of flint, gravel, and sand, by using which in the making of roads and pathways, also for building purposes, great saving has been effected.

The asylums given below are also of the pavilion type, and we have included, where the information has been obtainable, references to publications containing plans of the several asylums, and figures showing the date of establishment and the amount of accommodation of each institution. The date of establishment is given in italic figures.

SCOTLAND.				
City of Glasgow District Asylum, 1891,				<i>travaux publics</i> , xxiii, p. 107, pl. 24-32, and xxiv, texte 18, pl. 9-13.
500.				4 ^o Paris, 1841].
Govan	do.	do.	1891,	Bron (Rhône). Departmental Asylum for Rhône, 1868, 1,200.
600.				Dijon. Departmental Asylum (in the old Chartreuse) for Côte d'Or, 1840 to 1842, 500
IRELAND.				[<i>Choix d'édifices publics projetés et construits depuis le commencement du xix^{me} siècle</i> , iii, p. 17, pl. 346-348. 4 ^o Paris, 1825 à 1836.]
Monaghan District Asylum, 1869, 538				Grenoble. St. Robert Departmental Asylum for Isère.
New Antrim,	do.			La Rochelle. Lafond Departmental Asylum for Charente-Inférieure, 1824, 310.
FRANCE.				[<i>Choix d'édifices publics projetés et construits depuis le commencement du xix^{me} siècle</i> , iii, p. 17, pl. 175.]
Allier. Sainte-Catherine d'Yseure				La Guillotière à Lyon. St. Jean de Dieu Asylum, 840.
Departmental Asylum for Allier,				Maréville. Departmental Asylum for
1850, 300.				Meurthe-et-Moselle, 1,500.
Aix. L'Hôpital général des Insensés				
de la Trinité, 1697 (rebuilt 1874).				
Auch. Departmental Asylum for				
Gers.				
Auxerre. Departmental Asylum for				
Yonne, 446.				
Bassens. Departmental Asylum for				
Savoie and Savoie Haute, 400.				
Braqueville. Departmental Asylum				
for Haute Garonne, 1851, 500.				
[<i>Revue gén. de l'Archit. et des</i>				

Neuilly-sur-Marne. Ville-Evrard Departmental Asylum for Seine, 600.
 Paris. Ste. Anne Clinical Asylum, 1867, 616.
 Paris. Villejuif Departmental Asylum, 1884, 1,400.
 Pau. Departmental Asylum for Pyrénées (Basses et Hautes), 460.
 Pierrefeu. Departmental Asylum for Var, 300.
 Rouen. St. Yon Departmental Asylum for Seine Inférieure.
 [Choix d'édifices publics, ii, p. 14, pl. 128, 129. Paris, 1825 à 1836.]
 Vaucluse. Departmental Asylum for Seine, 1869, 600.

GERMANY.

Andernach Provincial Asylum, 1875, 200.
 [Grundriss Vorbilder von Gebäuden aller Art, hrsg. von Ludwig Klasen, xxii, p. 405, fig. 384. Leipzig, 1881.
 Die Provinzial Irren, Blinden, und Taubstummen Anstalten der Rheinprovinz. Düsseldorf: L. Voss and Co., 1880, p. 42.]
 Bonn Provincial Asylum, 1875, 300.
 [Grundriss Vorbilder von Gebäuden, p. 406, fig. 387.
 Die Provinzial Irren, Blinden, und Taubstummen Anstalten der Rheinprovinz, p. 40.]
 Düren Provincial Asylum, 1875, 300.
 [Ibid., p. 406, fig. 387, and *ibid.* pp. 44, 51, 56.]
 Frankfurt Asylum, 200.
 [Grund. Vorbild. von Gebäuden aller Art, xxi, p. 390. 4° Leipzig, 1881.]
 Grafenberg Provincial Asylum, 1875, 300.
 [Grund. Vorbild. von Gebäuden, p. 405, fig. 385.
 Die Provinzial Irren, Blinden, und Taubstummen Anstalten der Rheinprovinz, p. 38.]
 Merzig Provincial Asylum, 1875, 200.
 [Ibid., p. 405, fig. 383; and *ibid.*, p. 46.]

Saargemünd Asylum for Lorraine, 1875, 500.

[Grund. Vorbild. von Gebäuden aller Art, xxi, p. 399, fig. 377.]

RUSSIA.

St. Petersburg Asylum.
 [Grund. Vorbild. von Gebäuden aller Art, xxii, p. 408, fig. 390. 4°, Leipzig, 1881.]
 St. Petersburg, Emperor Alexander Charitable Board for Lunatics.
 [Planui 13-te psyschiatritskesk. Zabedeney: 12a and b.]

SWEDEN.

Lunds Asylum, 342.
 [Bidrag till Sveriges officiella statistik. öfverstyrelsens öfver Hospitalen underdåniga berättelse för år 1881. Stockholm, 1883.]

SWITZERLAND.

Aarau Asylum, 1885, 329.
 [Grund. Vorbild. von Gebäuden aller Art, xxi, p. 396, fig. 367-376. 4°, Leipzig, 1881.]

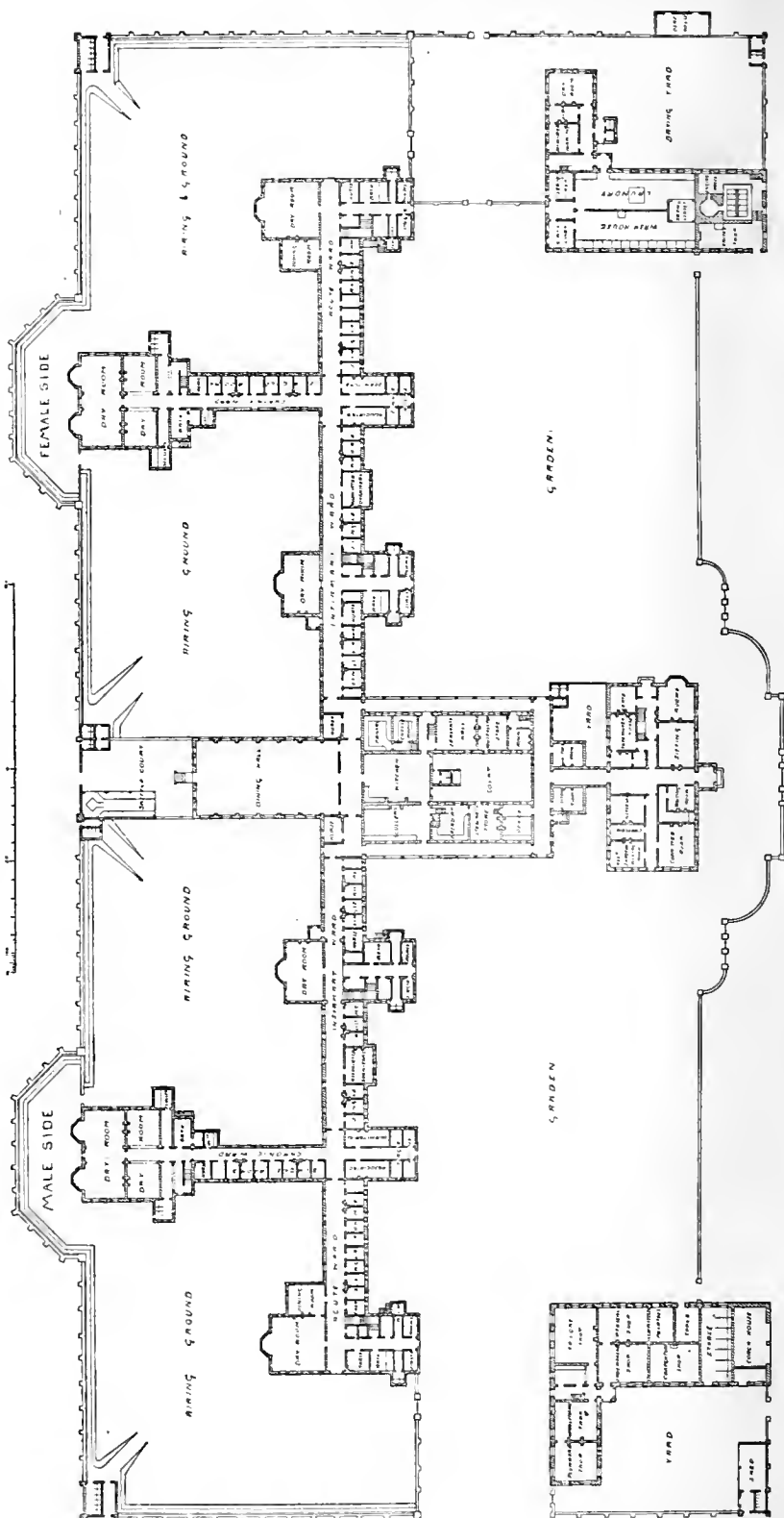
UNITED STATES OF AMERICA.

Northern Hospital for the Insane. Jamestown, Da., 161.
 Hospital for the Insane, Richmond, Indiana.
 Clarinda Hospital for the Insane, Iowa.
 Lunatic Hospital, Danvers, Mass., 759.
 Herbert Hall, Worcester, Mass., 13.
 Private Hospital for Mental Diseases, Brookline, Mass., 17.
 Cutter Retreat, Pepperell, Mass., 7.
 River View, Baldwinville, Mass., 1.
 State Asylum for Insane Criminals, Matteawan, N.Y.
 Branch Lunatic Asylum for Men Central Islip, N.Y.
 Branch Lunatic Asylum (both sexes) Hart's Island, N.Y.
 King's County Asylum (Branch), S. Johnland, N.Y.
 North Western Hospital for the Insane, Toledo, Ohio, 1,097.

'NORWICH LUNATIC ASYLUM, HELLEDON.'

MR. REVILLIANT PRISON FOR ARCHITECT

SCALE OF FEET
0 10 20 30 40 50 60 70 80 90 100





CHAPTER XV.

TYPES OF ASYLUMS.—*Continued.*

The Corridor.—Pavilion type with descriptions of the following Asylums as examples:—Whittingham, Northampton, Hull Borough, Derby Borough.—List of other Asylums of the Corridor-Pavilion type.

4.—CORRIDOR—PAVILION ASYLUMS.



HIS form of asylum construction, as the name implies, is merely a combination of the two preceding forms, and when properly carried out it constitutes the best method of all for an ordinary county asylum or registered hospital for the insane. It has been chosen for the model asylum plan facing page 26; and has there been fully described. Two points must be strongly insisted on, namely, that the corridors of communication should not be used as day-room space, though single-rooms may very advantageously be ranged along one side of the corridor, and these corridors should be placed so as to form the readiest means of reaching the ward. Otherwise there is some danger of another ward being made a thoroughfare, whatever views the architect may have had. Hence, either the main corridor of communication should be two stories high, like the fire-proof passages between the blocks; or the staircases should be arranged so as to permit of the ward being reached without passing through any other ward. The general plan of the building would probably decide which of these courses would be the better.

Lancashire County Asylum, at Whittingham.

This is beyond doubt one of the finest specimens of asylum architecture in England, and its leading features show at once that it was designed by a medical superintendent. It consists of twelve

blocks arranged in horse-shoe form. The front block is entirely devoted to the medical superintendent's residence. It is a superb house and projects about 170 feet beyond the convex part of the horse-shoe, to which it is attached by two corridors placed 100 feet apart, and enclosing a fine square as private garden.

On either side of this are four blocks placed about 100 feet apart; the fourth block on each side forming, so to speak, the heels of the shoe. From the third block on either side runs a long straight corridor dividing the space into two parts, and having at its centre, looking towards the concavity of the horse-shoe, the recreation-hall, a noble room 100 feet long and 56 feet wide. The orchestral stage is placed, as it should be, in the centre of one side and not at the end, as it very often is. On one side of the hall is the women's dining-room, and on the other is the men's. Each room is 75 feet long and about 48 feet wide, and both open direct into the recreation-hall, so that these three rooms are really one room 250 feet long. From the end of each dining-room springs a long gallery ward with single rooms on one side, reaching to No. 1 block, thus enclosing with the corridor behind the superintendent's garden a parallelogram 250 feet long by 200 feet wide. This is used as an airing-court for the patients.

On the side of the long corridor, opposite to the recreation-hall and at its centre, is the administrative block. It is 250 feet long and 150 feet wide at its broadest part. It contains ample space for all the usual offices. On either side of this, and nearly equidistant between it and the blocks forming the heels of the shoe, is another large block.

The objections to the plan are: that some of the blocks are three stories; that the connecting corridors are only one story high, whereby supervision is rendered difficult; that some of the wards are thoroughfare wards; and that in four of the blocks single rooms are placed on both sides of the gallery, although in these cases the gallery is only one story high and well-lighted from the roof; and the accommodation of small wards for recent admissions and acute cases is insufficient. In spite of these drawbacks no one should think of designing an asylum without first studying Whittingham.

There is a detached chapel, and a detached hospital for infectious diseases. The latter cannot be praised.

Lately an enormous annexe has been built close to the old asylum, and the entire accommodation is for about 1,700 patients. The asylum has a post-office and telegraph-office on the grounds,

and a railway from the nearest station on the London and North-Western Railway has been recently made, so that all goods and visitors are brought directly to the asylum, the station being in the vicinity of the workshops.

Northampton County Asylum.

This asylum was opened in 1876. It is the finest specimen of the corridor-pavilion type and of the quadrangular arrangement of the blocks, so far at least as our collection of plans goes. Except that some of the fireproof corridors are of two stories and not ground-floor passages merely, it would be more correct to place it among the pavilion asylums proper.

The entrance hall, offices, committee room, porter's room, and assistant medical officer's quarters compose the central block facing north-west. A short fireproof corridor joins this block to a corridor running at right angles to it; and behind this are the surgery, case-book room, and pathological museum. From either end of this corridor springs another, which passes southwards to the ante-rooms leading to the dining and recreation hall. In the space thus enclosed are the general stores, the kitchen and its usual adjuncts, the housekeeper's room and office and carving-room. In front of the latter is the dining-hall, 90 feet long and 45 feet wide. Leading from the ante-rooms on either side is a fireproof passage about 30 feet long connecting No. 1 Block with the centre. This block contains a long gallery ward on the ground floor and another on the first floor. From one end projects a dining-room and from the centre a bay. Single rooms are arranged along the other side of the gallery, which is twelve feet wide. The second floor is exclusively for sleeping accommodation. At the end of this block, westward in the case of the women's side and eastwards in the men's, is another fireproof passage two stories high. This opens into No. 2 Block, at the south end of which is a large, well-lighted, and airy day-room, and this adjoins a gallery containing single rooms passing northwards to a large dormitory, which, like the day-room at the other end, has windows in all its walls. This No. 2 Block forms the west side of the women's quadrangle, and the east side of the men's. From it a long fireproof corridor begins and passes to the centre, joining the corridor already spoken of as enclosing the stores and kitchen department. The laundry-ward and wash-house are attached to this long corridor on the women's side, and the artisans' ward and workshops on the men's side.

The quadrangles are divided into two smaller ones by a dormitory block, which in its turn is connected by fireproof passages. These dormitories are recent additions to the asylum, and constitute an important feature in the arrangements.

Each block has its own bath-room, and the water-closets are cut off from the wards by ventilating passages.

The medical superintendent's residence is attached to the north-east corner of the buildings ; and at the north-west corner, and connected by a thirty-feet fireproof corridor, is a new block for fifty idiot children. There is a detached hospital for infectious diseases, a plan of which faces page 37. The chapel is also detached.

The entire accommodation is for 880 patients, and 157 have single rooms. These are well lighted, and many of them have glass-panelled doors. The chief faults of this asylum are that the ends of No. 1 Block wards are not free ; that much of the building is three stories high ; that the bays in No. 1 Block do not project far enough ; that the staircases in No. 2 Block are awkwardly situated ; and that No. 3 Block should have had a better aspect. There are, however, no thoroughfare wards ; and in spite of the drawbacks it is generally admitted to be one of the two or three best asylums in England. Dr. Lockhart Robertson, Lord Chancellor's Visitor in Lunacy, has called it "the best example of the English modern county asylum". The wards are brightly decorated.

When opened it contained only 540 beds. It has been greatly modified and improved by the various additions.

The cost as it now stands, exclusive of land, but inclusive of hospital, chapel, farm buildings, gas-works, house stables, and seventeen cottages, has been £115,000. It is situated a little more than two miles from the Castle Station, Northampton.

Since the above was written each ward has been provided with its own dining-room, and the general dining-room is now kept exclusively for recreation purposes.

Hull Borough Asylum.

Opened in 1883. The blocks are arranged in quadrangular form, and at first glance the asylum bears considerable resemblance to the Berry Wood Asylum, Northampton, already described ; but the details are very different. The dining and recreation-hall is a handsome room, and with its adjuncts of stage and dressing-rooms, occupies the central position in the south front. This room

is approached on either side by corridors running its whole length, so that the windows lighting the hall must be placed above the level of the roofs of these corridors. It is impossible to conceive why the hall was not extended forty feet further. The side corridors would then have been unnecessary, and the room could have been lighted in the usual way. The infirmary wards are placed next the recreation-room, and with it form the main elevation. These infirmary wards consist of a large bay, serving the purpose of a day-room. On either side of this are two six-bedded dormitories, with a narrow corridor from which four single rooms open. This narrow cross-corridor projects a little beyond the dormitories—comes out, in fact, to the line of the bay, and so permits of a sort of sunshade corridor being formed in the recess. More than three-fourths of the day-room are thus shut in, and the dormitories have windows on one side only, and those open into the sunshade. The narrow cross-corridor is destitute of any window whatever on the plan as published, but there is probably a window at the end. The closets and bath-room are in a separate block at the opposite side of the main corridor, which patients must cross to reach them. At right angles to the infirmary ward is a one-storied block for the acute cases, and this is the best designed block in the asylum. The greater part of the day-room space is free on three sides, and it seems well arranged for separating the most excited from the other cases when such a step is necessary. The gallery is long, and single rooms are placed along it to the back. The fault of this block is that the gallery has not its ends free. From its position it is very apt to be used as a thoroughfare to and from the infirmary ward. The block for working patients is in its turn placed at right angles to the block for acute cases, and thus gets a southern aspect. It is fairly well arranged; and the ground-floor is almost wholly devoted to day-room space, and the first floor to dormitory space—a plan less objectionable when working patients are dealt with than it would be in other parts of an asylum. The block for recent cases is placed in the inside of the quadrangle. The laundry and workshops are well arranged, and the same may be said of the kitchen and offices generally.

It is built for 350 patients, but contains only 330 at present. There are eighty single rooms. The cost, exclusive of land and furniture, was £51,000.

Derby Borough Asylum.

This asylum was opened in 1889. The dining and recreation-hall occupies the centre of the south front. It is a handsome room eighty feet long by forty feet wide and fifteen feet high. The room is placed lengthwise on to the main building, and there is a large bay, intended for the stage, projecting from the south front. Behind the dining-room are sculleries and waiting lobbies; then there is the kitchen with its usual offices, such as scullery, servants'-hall, housemaids'-pantry, dairy, bread store, vegetable-room, larder, and housekeeper's office. Further north is a large court-yard, and in the centre of this is the meat safe, having a covered way from the kitchen department on one side and from the general stores on the other. The sides of the court-yard are formed by fire-proof corridors which spring from the waiting lobbies and end in the corridor which passes north of the stores. Beyond the latter corridor are heavy-goods stores, the receiving-room for patients, clerks' rooms and office, assistant medical officers' rooms, the superintendent's residence, and porter's rooms.

The infirmary wards are on each side of the dining-room, but separated by fire-proof corridors. Each ward consists of a long gallery 133 feet in length and thirteen feet wide, and there is a large central bay twenty-four feet by eighteen feet. On one side of this bay is an attendant's room, and on the other side a room for hats and cloaks. At each end of the gallery is a large bay window, and a small dining-hall projects from the end nearest the corridor leading to the kitchen. Verandas are placed in front of these wards. At the back of the gallery are eight single rooms, one three-bedded room, attendants' room, scullery, and store. Between the store and attendants' room is a short passage leading to a dormitory sixty feet long and twenty-two feet wide. On one side of the dormitory are five single rooms and one attendant's room. The dormitory and single rooms are well lighted and ventilated.

The staircases are very conveniently placed at each end of the ward, and are incorporated with the fire-proof passages. The water-closet blocks are cut off by ventilating passages in this and in all other wards. Generally, it may be said that the ward is well planned and all the arrangements calculated to work easily. The acute ward is placed at right angles to the infirmary ward. It is divided into two parts—a gallery and a day-room. The gallery is ninety-two feet long and thirteen feet wide. It contains the store-

room, bath-room, porch, attendants' rooms, and water-closet block. The corridor to the dining-hall springs from the end of the gallery. The day-room is sixty-nine feet long and twenty-two feet wide. There is a large bay facing southwards from the side of the ward, and an angle-bay projects from the end. There are five single rooms, and an attendant's room. The dormitory is placed at the other end of the gallery, and is almost a counterpart of the day-room. The ward is carefully designed to allow ample space for acute cases, and for separating the more excited patients from the others. The chapel is placed over the dining-hall; the convalescent wards are over the infirmary wards, and the working patients' wards are over the acute wards.

Returning to the north front, we see that the surgery, case-book room, and pathological museum are placed in the north corridor, and further along the corridor are the visiting-rooms for patients' friends. On one side are the head nurse's rooms, sewing-rooms, and laundry, and on the other side are the store-keeper's rooms, head attendant's office, and workshops.

The blocks are arranged in quadrangular form, and the elevations are all pleasing, the effect being obtained by the composition of the different parts of the blocks rather than by ornamental details. The water tanks are placed in turrets built over the staircases. The fire-proof corridors connecting the wards are two stories high, and, except for this, the asylum ought to be described as on the pavilion, and not the corridor-pavilion principle. Generally, it may be said that supervision would be easily carried out in this asylum, and the work could be done with the minimum of friction.

The asylum will contain 300 beds, and ninety-six of these will be in single rooms. It is situated about one mile from Derby. There is nothing remarkable about the site.

The above is a description of the plan as seen by us when exhibited in Derby; but we now learn from the medical superintendent that several alterations were made in the Commissioners' office. The galleries were reduced from 13 feet to 10 feet; the large bay in the dining-hall was removed; the verandas were omitted from the infirmary ward; and the position of the single rooms in the special dormitory was changed from the side to the end of the room, so that they are now lighted over the roof of the corridor.

The asylums given below are also built on the corridor-pavilion

plan, and we have included, where the information has been obtainable, references to the publications containing plans of the several institutions, and figures showing the date of establishment and the amount of accommodation of each. The former figures are given in italics.

SCOTLAND.

Barony Parochial Asylum, Lenzie,
Glasgow, 1875, 600.

CEYLON.

New Asylum, Colombo.

AUSTRIA-HUNGARY.

Dobran, near Pilsen. Borough Asylum, 1876, 600.

[*Grund. Vorbild. von Gebäud. aller Art*, hrsg. von Ludwig Klasen, xxii. p. 407, fig. 389. 4to., Leipzig, 1881.]

Grosswardein Asylum, 1873.

[*Ibid.*, xx, p. 364, fig. 347.]

Vienna Asylum, 1848, 550.

[*Ibid.*, xxi, p. 387.]

BELGIUM.

Tournay. Men's Asylum, 1881.

[*Notice sur l'asile des hommes aliénés à Tournai*, par V. Oudart, l'Inspecteur-Général.]

DENMARK.

Copenhagen. St. Hans Hospital, 1807, 880.

[*L'hôpital de St. Hans à l'occasion du cong. internat. des sc. méd.*, par la magistrature de Copenhague, 1884.]

FRANCE.

Alençon Departmental Asylum for Orne, 270.

Bourg (Ain). St. Georges Asylum, 1861, 500.

Bourges. Departmental Asylum for Cher, 1861, 500.

Charenton National Asylum, 1845.

[*Rev. gén. de l'architect.* . . . x, pp. 384-395, pl. 28-34. 4to., Paris, 1841.]

Charenton. Quarters of Female Insane, 1823.

[*Choix d'édifices* . . . iii, p. 18, pl. 43, 44. 4to., Paris, 1825 à 1836.]

Le Mans. Asylum for Sarthe, 1836, 445.

[*Choix d'édifices* . . . iii, p. 14, pl. 151, 152. Paris, 1825 à 1836.]

Lille. Bailleul Departmental Asylum for Nord, 1863, 760.

Marquette. Lommelet Asylum, 750.

Mondevergues. Departmental Asylum for Vaucluse.

Nantes. General Hospice, 1832, 1400.

[*Choix d'édifices* . . . iii, p. 17, pl. 311-314.]

Rodez. Departmental Asylum for Aveyron.

GERMAN EMPIRE.

Bernburg Asylum, 150.

[*Grundriss Vorbilder von Gebäuden aller Art*, hrsg. von Ludwig Klasen, xxi, Bl. 75, fig. 2-6. Leipzig, 1881.]

Heppenheim Asylum.

[*Hofheim und Heppenheim, Die Irrenanstalten des Grossherzogthum Hessen*. Darmstadt: Buchhandlung des Grossh. Staatsverlags, 1880.]

Hofheim Asylum.

[*Ibid.*]

Osnabrück. Provincial Asylum, 1864, 250.

[*Grund. Vorbild. von Gebäuden*, xxi, Bl. 76, fig. 1-7.]

Owinsk. Provincial Asylum.

[*Baustatistik des Preuss. Staates*. Band ii, Bl. 16-19.]

NORWAY.

Christiansund. Eg Asylum, 1881.

Trondheim. Rotvold Asylum, 1873,
170.

[*Beskrivelse af Rotvold Sindssy-
geasyl*, 8vo., Christiania, 1873.]

RUSSIA.

Kasan. Our Lady Asylum.

[*Planui 13-te psychiatritskesk.*
Zabedeney, 11 *a* and *b*, *b*¹ and *c*.]

Riatzan. County Asylum.

[*Planui 13-te psychiatritskesk.*
Zabedeney, 5 *a* and *b*.]

SWITZERLAND.

Königsfelden Asylum, 1872, 400.

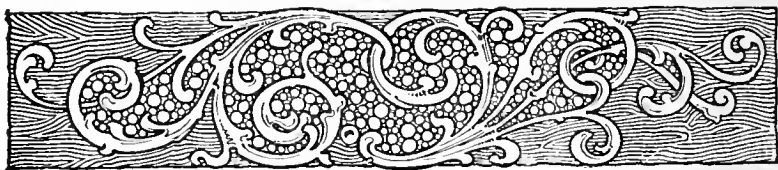
[*Grundr. Vorbild. von Gebäud. aller
Art*, hrsg. von Ludwig Klasen,
xxi, p. 391, Bl. 75, fig. 1, 4to.,
Leipzig, 1881.]

Marsens. Hospice d'aliénés.

UNITED STATES OF AMERICA.

State Hospital for the Insane, Norris-
town, Penn.





CHAPTER XVI.

ASYLUM CONSTRUCTION IN SCOTLAND.

Classification of Scotch Asylums.—Gallery and Two-Story Corridor Asylums.—City of Glasgow and Govan Asylums.—Present views of Scottish Commissioners in Lunacy.—Gartloch Asylum described.



ASYLUMS may be classified in various ways in accordance with the various points of view from which they are regarded, one principle of classification being useful for one purpose, and a second principle of classification being useful for another. In dealing with the present phase of the construction of pauper asylums of Scotland, for instance, it will be found convenient to adopt for the occasion a classification somewhat different from that which has been used in previous chapters of this work. One class of asylums from this point of view consists of those in which groups of wards, each complete in itself, and usually known as "galleries", are placed in tiers one above another. Each gallery thus contains one or more day-rooms, with the dormitories, lavatories, and other accessories connected with them, all upon one story; and each story of the building contains one or more such galleries. We shall for our present purpose call asylums of this class *Gallery Asylums*.

A second class of asylums consists of those of two stories, in which the day-rooms are all on the ground-floor, and most of the dormitories are on the upper floor. They are generally of the corridor class, and may be described here as *Two-Story Corridor Asylums*. These two classes of asylums—the gallery and the two-story corridor asylums—include most of the principal asylums in Scotland. Each class possesses certain advantages, but also certain important

disadvantages. In the new asylums now in course of erection a type of construction has been adopted which belongs in its main features to the pavilion class. The asylums for the City of Glasgow and the Govan Lunacy Districts are examples of the new type.

One good feature possessed by the gallery asylums is the completeness of each gallery as an administrative unit. The attendant in charge of a gallery has the supervision of a well-defined section of the establishment, which is structurally distinct from all the rest. Another merit of the gallery is, that, being all on one floor, every patient, whether in day-room or in dormitory, is easily kept under the supervision of the attendants. But the gallery asylums had this disadvantage among others, that it led to the placing of a large number of the patients during the daytime in rooms on an upper floor, and thus interfered with their free access to the asylum grounds. Thirty years ago most of the asylums in Scotland were of this class.

In the construction of the district asylums,—a class of institutions which came into existence as a result of the legislation of 1857,—attempts were made in Scotland, as they had already been made in England, to avoid the defects of the gallery asylums; and with this view the two-story corridor type of asylum was generally adopted. For the purpose of facilitating the access of the patients to the grounds, all the day-rooms in these asylums are placed on the ground-floor. But though these newer asylums are improvements on those previously erected, they are not without defects. Among the defects may be mentioned that the supervision of the patients is not so efficiently provided for, and that the groups of wards which form the administrative units are not structurally so well separated from one another as in the gallery asylums. In planning a building of two stories, also, there is a special difficulty in distributing the dormitory, day-room, and other apartments, in a convenient and economical way.

In the pavilion asylums, examples of which are afforded by many of the newer English asylums, many of the defects both of the gallery asylum and of the two-story corridor asylum are avoided. In these asylums the day-rooms are on the ground-floor, each group of wards constitutes a complete and independent administrative unit, and, being constructed of three stories, the day-room and dormitory space admits of being economically adjusted. The special facilities which they present for efficient lighting and ventilation are universally recognised.

In the new Scottish asylums an attempt has been made to combine the advantages of all the principles of construction just referred to, and in the City of Glasgow and Govan Asylums a type of asylum has been adopted which embodies the present views of the Scottish Commissioners in Lunacy. The Commissioners hold it to be desirable that an asylum, if not too small to permit of such sub-division, should consist of two separate, and to a great extent independent, sections. One, which may be called the *hospital section*, is for the accommodation of all the patients for whom the more specialised forms of treatment are required, whether on account of their bodily or their mental condition. The other, which may be called the *asylum section*, is for the accommodation of those for whom the more specialised forms of treatment are not required. The Commissioners are of opinion that the hospital should accommodate about a third of the total number of the patients. It has a separate kitchen and dining-hall, and a small administrative building for one or more medical officers, a matron or head-nurse, waiting-rooms, etc. The wards, or at least the chief group of wards, consist of only one story, and consequently possess all the advantages of the gallery system without the disadvantage of having day-rooms on an upper floor. The asylum section of the institution is a pavilion asylum. In its central block are contained the chief administrative offices for the whole institution, the general store, the general recreation-hall, and a kitchen and dining-hall for the patients accommodated in the section. In the arrangement of the sub-sections into which the hospital and the asylum are divided, an effort has been made to differentiate them more than is usually done, so as to adapt each sub-division to the treatment of a special class of patients. The way in which the Commissioners wish this to be done will be best understood from a description of an actual asylum.

Before we give this description, it will be convenient, however, to say a few words about the division of the institution into the two sections which we have distinguished as the hospital and the asylum. It has been generally recognised, since the modern class of asylums came into existence, that they are devoted to two objects, which differ in important respects the one from the other. One of these objects is the curative and ameliorative treatment of insanity; the other is the providing of a home for persons suffering from insanity whose condition unfits them for the ordinary life in the outside world. There are many cases, it is true, in which patients become

inmates of asylums for both reasons ; but there are also a large number where they become inmates chiefly or altogether for one of these reasons. This dual purpose is more or less recognised in the arrangements of all asylums, and in Germany it was at one time so far given effect to that completely separate institutions—Heilanstalten and Pflegeanstalten—were established to perform the separate functions. A desire to give effect to the idea in a somewhat similar way was shown in the recent discussions which took place in the London County Council. In the view of the Scottish Commissioners a complete separation into two independent establishments is not desirable, but they are of opinion that a separation to a greater extent than has been usual tends to promote efficiency. They consider that the medical spirit, which should inspire the asylum administration when dealing with patients requiring specialised treatment, is in danger of being diluted, and perhaps destroyed, when these patients are intermingled with others for whom the asylum is a mere place of detention or residence. They also believe that the last-mentioned class of patients are more advantageously placed by being kept to a great extent by themselves ; that they will benefit, for instance, by the greater concentration of the attention of the officials upon the industrial aspect of the management, which is thus rendered possible.

The Gartloch Asylum, which we propose to describe, is intended to be the asylum for the City of Glasgow Lunacy District, an area conterminous with the City of Glasgow parish, which is one of the three parishes in the municipality of Glasgow. The asylum is for 560 patients.

As will be seen by reference to the plans, it consists of two separate groups of buildings—(1) the hospital, for 170 patients, each side of which is divided into two sub-sections—*a*, the admission and special observation wards for 25 patients each, and *b*, the sick-room and infirmary wards for 60 patients each ; (2) the asylum, for 390 patients, each side of which is divided into two sub-sections—*a*, the supervision wards for 95 patients each, and *b*, the industrial wards for 100 patients each.

The central building of the hospital contains an administrative section having waiting-rooms, medical officer's and head-nurse's rooms, attendants' and servants' accommodation, etc. It also contains a kitchen and dining-hall.

The wards called special observation wards are on each side of the administrative section. It is in these wards that all patients

are to be placed on first arriving at the asylum, unless their condition is such as to require them to be at once sent to the sick-room. Patients may be kept in the observation wards for any length of time, but generally they will remain for only a short period, sufficient, however, to allow the medical superintendent to ascertain the nature of each case. It may be only for a few days, and in some cases only for a few hours. They are then sent to the sub-section of the hospital or the asylum for which they seem most suitable. In the observation wards will also be kept those patients who, though not recently admitted, require very special and constant supervision. The staff of attendants in these wards will be exceptionally large—about one attendant to six patients. It is an advantage that the observation wards should not be large, and should not contain a large number of patients, as it is a disadvantage to a newly arrived patient to be placed in a crowd.

The observation section contains two day-rooms, and the communication between them will usually be kept open. But the communication can be closed at any time when the medical officer wishes to use the smaller room for the treatment of one or more special cases. There are single rooms opening off the day-rooms, where patients may be put to bed and still kept under constant supervision. The sleeping accommodation is almost entirely on the upper floor, and a night attendant will always be present in the dormitory during sleeping-time.

Patients on admission will be taken to the examination room, one being attached to the male ward and one to the female ward. Each of these rooms will have all the appliances required by the medical officer for examining patients, schedules of particulars of information regarding the previous history of patients, and conveniences for everything desirable to be done on the admission of patients. The chief attendant of the observation ward will be in attendance on such occasions, and the patient passes after the preliminary examination at once into the bath-room, where such further examination as is desirable takes place, and the patient is bathed. All this can be done quietly without the patient seeing anything of the wards until it is over. By that time the patient has made acquaintance with the attendants, and the shock of admission to the wards is minimised. Where it is desired to make still further examination of the patient in bed, a single bedroom is conveniently placed for the purpose.

The rest of the hospital is entirely of one story, and may be

regarded as galleries, one on each side of the building. Each gallery contains the sick-room, accommodation for acute cases not requiring the attention which is provided for in the observation ward, and accommodation for the feeble and helpless class.

The sick-room is a ward for twenty-eight patients, and is fitted with all the appliances of an ordinary hospital for bodily diseases. There are two single rooms opening off the ward. Besides the space for beds, there are two spaces, with fire-places, where patients not confined to bed for the entire day may sit comfortably. The day-room for the feeble and helpless class is near the dining-hall. The sleeping accommodation for these patients is partly in the dormitory adjoining their day-room and partly in the wing which consists chiefly of single-rooms. There is a day-room at the end of the single-room wing, where specially restless or noisy patients may be placed. The single rooms are intended to be used, as convenience may dictate, for any of the patients of the hospital section. A small infectious-diseases block is attached to each wing of the hospital. It will generally be used as part of the ordinary hospital accommodation ; but it is arranged so that it may be completely cut off from the rest of the building if it should have to be used for infectious cases. The block is small, because it is not intended to provide for an epidemic affecting a large number of patients. Such an event is not frequent in asylums. Should it occur, the Commissioners consider the best provision for it is a temporary wooden building.

The asylum, under which name, for the sake of convenience, we understand the larger of the two great sections into which the whole institution is divided, is intended to accommodate 390 patients who do not require the more specialised kinds of treatment. Patients will only be kept there while not requiring such treatment. Whenever, from temporary illness or from other causes, any of them require special treatment, they are at once removed to the hospital. In like manner patients in the hospital who have ceased to require special treatment are at once transferred to the asylum.

The asylum consists of a central group of buildings containing an administration section, the general stores, the general recreation-hall, and a kitchen and dining-hall for its own inmates. On each side there are two pavilions, connected with the central buildings by corridors.

The administration section does not differ from what is usual in asylums, except that the two upper floors consist largely of accom-

modation for female attendants and servants. They contain bedrooms and a general parlour for females. The matron also has her apartments here, and thus has this part of the accommodation directly under her supervision. The ground-floor contains the board-room, the medical superintendent's office, and the visiting-rooms.

The general store is arranged so as to concentrate this part of the administration as much as possible. It will contain nearly everything that will be under the charge of the storekeeper, except coals and flour. The flour-store is situated beside the bakery. There is a cellar in the basement, a grocery-store on the ground-floor, and a gallery above for soft goods. There are separate stores opening off the main store for such things as butcher's meat, milk, fish, bread, etc. There are service-windows communicating with the kitchen, and with the male and female corridors, and from these windows the stores for the asylum are to be issued. The stores for the hospital will be issued at the front. The lighting will be chiefly from the roof, but also to some extent from the sides.

The arrangements of the kitchen do not call for special remark. It and the offices in immediate connection with it are lighted from the roof. The food is issued to the dining-hall from the serving-room, at each side of which are the dish-scelleries, from which the dishes, etc., will be issued and received, and in which they will be washed and stacked.

The dining-hall, and the recreation-hall which is immediately over it, need no remark.

The male and female wards of the asylum consist of four pavilions, two on each side, connected with the central block of building by corridors. These pavilions may be called the supervision and the industrial wards. These names seem to indicate, as well as any single words can, the distinctive characters of the two pavilions, but no single words can do so in a way that is quite satisfactory. The principle on which patients will be relegated to the one or to the other is, however, of the simplest kind. The patients requiring least supervision will be placed in the industrial wards, and those requiring more supervision will be placed in what we have called the supervision wards. The classification has no reference to the questions whether the cases are acute or chronic, convalescent or incurable. It depends entirely on the question of the patients being, on the one hand, in a condition which is suitably provided for in a building whose arrangements are of the simplest character, and where the staff of attendants is

small; or of their being in a condition requiring less simple structural arrangements and a larger staff of attendants. The pavilion in which the arrangements are of the simpler character has been called the industrial pavilion, because most of the regular working patients would be found among its inmates; and the fact that a patient appeared likely to be a working patient might to some extent be an element in determining that he should be placed there. It might be expected that the industrial wards—at least on the male side—would be frequently empty during working hours. It is not to be supposed, however, that no working patients will be found in any other part of the institution. They will also be found, though not in such large proportion, in the supervision pavilions and even in the hospital.

The industrial pavilions are of the simplest possible arrangement. Each consists of a day-room floor, with two superposed dormitory stories. Single rooms will seldom be required for the class of patients for which it is intended; but a few are introduced for exceptional cases. Lavatories, water-closets, and shoe-rooms are only on the ground-floor, and are constructed as one-story projections. The whole pavilion will form a single administrative unit. The supervision pavilions are also of three stories, but they contain a much larger number of single rooms. There are a few opening off the day-rooms, which are intended chiefly for temporary use, such as for epileptics immediately after taking fits, and for similar emergencies. It may be mentioned in connection with this that no other special provision is made for epileptics, epilepsy being comparatively rare in Scotland as compared with England. Each supervision pavilion forms, as in the case of the industrial pavilions, an administrative unit.

The workshops for the men, and the laundry for the women, are shown on the plan; but they do not call for special remark, except that adjoining the laundry there is a building for the machinery which supplies electric lighting to the whole institution.

Besides the buildings shown on the plan there are a chapel, a mortuary with pathological rooms attached, farm buildings, a medical superintendent's house, cottages for married attendants, etc.

It is only necessary, in concluding the description of this institution, to add a few words regarding some of the details of construction not included in the description of the various sections.

Staircases.—All staircases are fireproof; and there is no part of

the institution where there are not *two* staircases, which would be available from an upper floor in case of fire.

Shoe-rooms.—Large shoe-rooms are attached to each pavilion, so that patients may change their shoes or boots in going out or coming in. These are one-story buildings, and special care is taken in regard to their efficient ventilation. It is regarded by the Scottish Commissioners as important for the orderly management of the patients that there should be abundant and well-appointed shoe-room accommodation.

Lavatories and Water-closets.—The general idea in the planning of these is to make the lavatory open off the day-room, and to make the water-closets open off the lavatory, thus making the lavatory act as a vestibule to the water-closets. The lavatories open directly off the day-rooms to facilitate the supervision of the patients by the attendants. The water-closets are not placed in separate buildings connected by narrow necks with the main buildings. That plan, though recommended by excellent authority, is open to many objections, and the Commissioners are strongly of opinion that the plan here adopted is better. In order to make the plan, which has been preferred, efficient and secure, they recognise, however, the absolute necessity for perfection in the fittings and efficiency in the ventilation. The apparatus should be of the "Unitas" pattern, or some pattern equally good. The soil-pipes should be well ventilated, and should have no *direct* connection with the drains. The closets (that is, the apartments themselves) should be so ventilated that the current of air will pass, not from the closet to the day-room, but from the day-room to the closet. For this purpose the Commissioners think it necessary that the closets should be heated, a matter too seldom kept in view, so that the temperature shall be higher than the temperature of the day-room. They are usually unheated; and the current of air, therefore, passes from them to the day-room.

It will be observed that no airing-courts are shown in the plan. Airing-courts, except for asylums in towns, are seldom found now in Scotland.

The average extent of land attached to the District Asylums in Scotland is 178 acres for each asylum. The area of the Gartloch estate is 340 acres, which is more than half an acre per patient.



24137





GARTLOCK ASYLUM FOR THE GLASGOW DISTRICT BOARD OF LUNACY

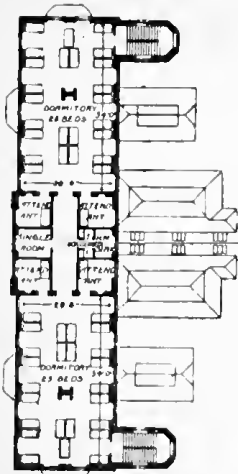
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MALE SIDE

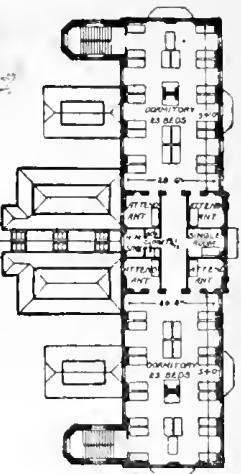
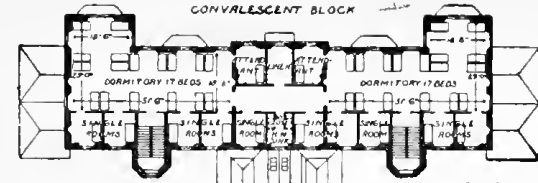
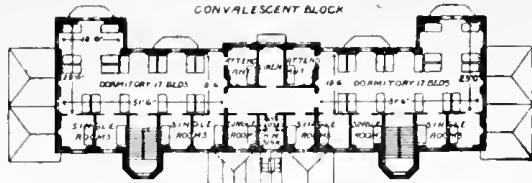
FEMALE SIDE

CONVALESCENT BLOCK

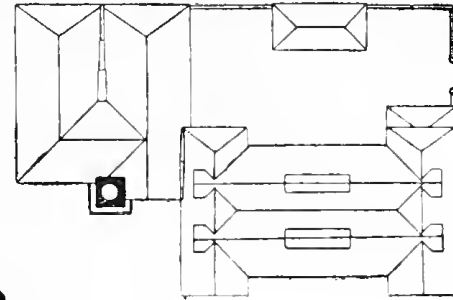
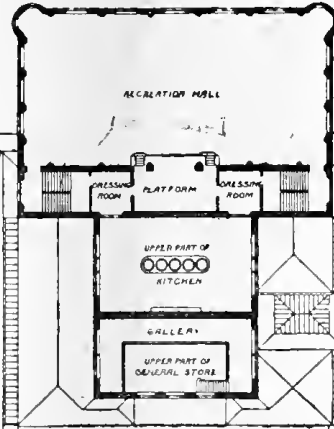
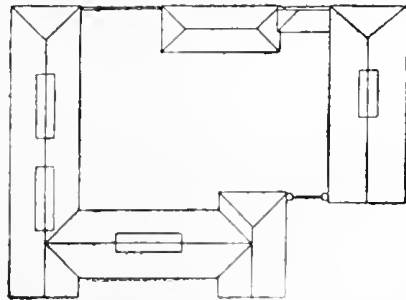
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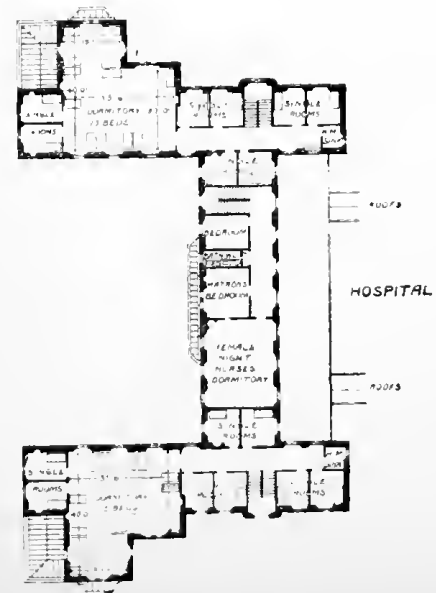
CHRONIC BLOCK



CHRONIC BLOCK



ADMINISTRATION BLOCK



FIRST FLOOR PLAN



CHAPTER XVII.

ASYLUM CONSTRUCTION IN FRANCE.

Sites.—Cultivated Grounds.—Different Systems of Construction.—Private Asylums.—General and Economic Services of Asylums.—Warming.—Ventilation.—Water-Supply.—Courts and Covered Galleries.—Cells.—Baths.—Special Baths and Punishment-Douches.—Closets.—Cost of Buildings.—Net Cost per Bed.

SITES FOR ASYLUMS.



THE principle is to erect the pavilions for occupation and the blocks for the general services upon a sufficiently extensive site. The adoption of the system of detached pavilions, which is now very general in France, does not allow of the superficial area of the site for the buildings, courts, and yards being confined in too narrow limits. But, on the other hand, the scattering of the pavilions for occupation over an unduly large surface, which in many respects is not disadvantageous, presents the inconvenience of making the service difficult. As a general rule a minimum of $2\frac{1}{2}$ to a maximum of $3\frac{3}{4}$ acres per hundred patients is estimated for the superficial area of the site of the asylum properly speaking. Most of the old establishments, however, and some of those even which have been constructed since the promulgation of the law of 1838, are far from fulfilling these conditions. We may instance the following especially, among the departmental asylums :—

Table showing the Acreage, and the Proportion per 100 Patients, of the Sites of the older French Asylums.

ASYLUM.	Date of Foundation.	Size of Site in Acres.	Normal Population.	Acreage per 100 patients.
Armentières	18th century	1.23	537	0.23
La Charité	Before 1811	3.16	305	1.05
Bourges	1817	1.73	160	1.09
Saint-Venant	1819	3.64	262	1.24
Quimper	1821	3.7	342	1.09
Alençon	1831	3.58	270	1.32
Marseilles	1844	10.62	880	1.21
Moulins	1850	3.51	300	1.17
Rodez	1852	4.45	300	1.48
Auch	1855	3.58	400	0.89
Brenty	1865	2.69	230	1.17

The majority of these institutions, it is true, were not originally intended to receive as many patients as they actually do ; but it is none the less incontrovertible that in almost all of them the superficial area is far too limited. Most of the asylums erected during the last twenty years have been much better provided for in this respect ; we may specially mention the following :—

Table showing the Acreage, and the Proportion per 100 Patients, of the Sites of French Asylums built since 1851.

ASYLUM.	Date of Foundation.	Size of Site in Acres.	Normal Population.	Acreage per 100 patients.
Quatre-Mares	1851	10.67	380	2.8
Saint-Robert	1852	12.36	490	2.52
Toulouse	1858	18.75	680	2.76
Auxerre	1858	9.59	446	2.13
Bailleul	1863	16.95	680	2.49
Evreux	1865	25.75	800	3.22
Limoges	1865	10.33	392	2.65
Sainte-Anne (properly speaking)	1867	11.86	580	2.04
Pau	1868	10.87	460	2.36
Ville-Evrard	1868	20.52	620	3.31
Vaucluse	1868	17.05	580	2.94
Bron	—	22.73	600	3.79
S int-Yon (New)	—	31.51	1,000	3.15

CULTIVATED GROUNDS.

The extent of the ground set apart for cultivation in the asylums varies very much more than that for the site ; a circumstance which is especially due to the fact that no rule, so to speak,

has been laid down on this point. In the new asylums the extent of the farm land is fixed at an average of $24\frac{3}{4}$ acres per 100 patients in the asylums which admit both sexes, of 37 acres in the asylums for men, and of $12\frac{1}{3}$ acres in those which only admit women. The plan which has been adopted in most of the French institutions founded in the last thirty years, is to build the asylum in the very centre, or on one of the commanding points, of the farm land. This has notably been the case at Prémontré, Rodez, Brenty, Bron, Evreux, Toulouse, Saint-Méen, Saint-Robert, Blois, Bailleul, Alençon, Pau, Quatre-Mares, Mondevergues, La Roche-sur-Yon, Limoges, and Auxerre. The following table shows the extent of the farm lands at some of the French asylums, chosen principally from among those which have been founded or adapted in the last thirty years; care has been taken to exclude from the farm lands ground which is still lying waste, woods, water-courses, fish ponds, etc.

Table showing the Acreage of the Farm lands of French Asylums.

ASYLUMS.	Farm Lands, in Acres.	Average Population : Lunatics du régime commun.	Acreage per 100 Lunatics du régime commun.
Prémontré	165.73	614	27.00
Brenty	84.01	230	7.67
Dijon	28.14	400	7.03
Evreux	64.83	800	8.1
Bonneval	80.43	340	23.65
Quimper (for males)	82.54	285	28.96
Toulouse	41.88	600	6.98
Saint-Robert	61.77	485	12.73
Blois	41.56	500	8.31
Sainte-Gemmes-sur-Loire	37.16	500	7.43
Châlons-sur-Marne	19.94	400	4.98
Maréville	35.01	1,080	3.24
Bailleul (for females)	110.5	540	20.46
Pau	46.94	400	11.73
Bron	59.87	600	9.97
Le Mans	16.18	380	4.25
Quatre-Mares (for males)	12.84	600	2.14
Ville-Evrard	106.25	620	17.13
Vaucluse	184.63	580	33.55
Mondevergues	47.93	800	5.99
La-Roche-sur-Yon	67.31	263	25.59
Limoges	23.96	350	6.84
Auxerre	27.84	390	7.13

It follows, therefore, that among the French public asylums there are a considerable number of institutions which are far from

having the amount of land necessary to occupy all the able-bodied patients. Some of these asylums have, accordingly, made arrangements in their limited property, either for the extraction of stone, as at Blois, Quatre-Mares, and Mondevergues; or for earth works, as at Evreux, Saint-Alban, Saint-Méen, and Toulouse; or, again, for diverting water-springs in order to supply the establishment, as at Maréville. Others, again, have rented lands, and nearly all are intending to make fresh acquisitions. The only departmental asylums which cultivate a certain quantity of rented ground are the following:—Sainte-Cathérine-d'Yzeure (Allier) with 391 acres, Brenty with $4\frac{1}{2}$, Lafond with $82\frac{1}{2}$, Quimper with $29\frac{3}{4}$, Armentières with $11\frac{1}{4}$, Bailleul with $10\frac{7}{10}$, Alençon with $10\frac{3}{4}$, and Pau with $32\frac{1}{8}$.

DIFFERENT SYSTEMS OF ASYLUM CONSTRUCTION.

As regards the different systems of construction, in the first group we will place those asylums in the construction of which isolated pavilions have been adopted in the classified wards, the pavilions being drawn parallel to one another, and at right angles to the axis of the establishment. Such are the asylums of Le Mans, opened in 1834; Sainte-Cathérine-d'Yzeure, opened in 1850; Rodez, opened in 1852; Auxerre, opened in 1858; and Prémontré, opened in 1867. In most of these asylums, moreover, the residential pavilions are arranged one behind the other in two parallel lines, one for each sex. The only exception is the asylum at Auxerre, of which the pavilions are arranged in four parallel lines, two for each sex.

In a second group we will class those asylums in which the detached pavilions forming the classified wards are arranged, some at right angles and others parallel to the axis of the establishment. Such are Bassens, opened in 1852; Saint-Robert, opened in 1852; Auch, opened in 1856; Toulouse, in 1858; Bailleul, between 1863 and 1866; Sainte-Anne, in 1867; Bron, in 1874; and Bourges, of quite recent construction. We will also include in this group the new asylum of Saint-Yon, the classified wards of which, detached from one another, are arranged like dwelling houses by buildings forming sometimes two, and sometimes, as in Esquirol's scheme, three sides of a rectangle, but upon a portion only of the depth of the courtyards. In most asylums, moreover which belong to the first two groups, the pavilions are connected

with one another and with the general services by means of porticoes or communicating galleries, almost always covered at the top and open at the sides.

The third group will include those asylums in which the pavilions intended to be occupied by the patients only form one or two continuous blocks of buildings. It should be remarked, however, that this is the only point they have in common, the blocks of buildings which, taken altogether, make up the classified wards assuming the most varied forms. Sometimes from a huge transverse block there stretch out at right angles, either in front or behind, wings consisting only of a ground floor, as at Lafond, opened in 1829, or with an upper story as at Blois opened in 1841, and La Roche-sur-Yon in 1853. Sometimes the whole of the buildings occupied form two parallel lines connected at their centre by a third block constructed upon the axis of the establishment, and in which the general services are placed, as at Evreux, opened in 1866. In other cases the residential pavilions, taken altogether and upon each side, form a rectangle open in the middle, as at Brenty, opened in 1865. It is to this third group of continuous buildings that it is most convenient to attach the asylum of Mondevergues (Vaucluse, 1854), although it differs from the preceding institutions in every respect. In this asylum one of the arrangements recommended by Esquirol has been adopted for the classified wards, namely, residential buildings erected upon three sides of a court-yard; but instead of being isolated the classified wards adjoin one another, and, moreover, all the wards, except that for the violent patients, are arranged in a semicircle in such a way that the court-yards, forming a fan, are fully open. This radiating system has been adopted in no other French asylum, unless it be in the cellular wards at Auxerre, Sainte-Anne, Ville-Evrard, Vaucluse, Bailleul, and the new institution at Bourges. Lastly, the side wings, detached from the wards, only reach to about half the depth of the court-yards.

The asylums of which mention has yet to be made form a fourth and last group, one which is less natural than its predecessors and particularly than the first two, and which presents, so to speak, as many varieties as institutions. All, however, have one characteristic in common, the buildings intended to be occupied by the patients are completely isolated in some cases, and in others joined together, but almost always in pairs. At Quatre-Mares, an

asylum for men, begun in 1849 and built according to Parchappe's plans, two isolated pavilions, arranged parallel to the axis of the establishment, are appropriated to the quiet patients on the left, and to the middle-class paying patients on the right hand side. The other residential pavilions are grouped before and behind in two blocks of buildings forming the three sides of two open rectangles, one in front and one behind. At Châlons-sur-Marne, built at the same date, some of the lunatics are distributed among detached pavilions, built out at right angles to the line of axis of the establishment, the more important of them being placed upon the line itself. The other patients occupy buildings which form on each side of the chapel court the three sides of a rectangle open on the inside. These various blocks make up a very inharmonious whole, and one which is only very imperfectly adapted to the separation of the sexes and to the classification of the different classes of patients.

Nugeat (Haute-Vienne), opened on the 1st of January, 1865, shows, like Quatre-Mares, two large detached pavilions, one for each sex, arranged parallel to the axis of the establishment. All the other classified wards are arranged in two parallel blocks, one in front with its two lateral portions connected by the administration pavilion, the other to the rear, with its line broken in the centre in the portion corresponding to the administration pavilion.

At the asylum of Saint-Luc, at Pau, begun in 1864, the pavilions are grouped in pairs upon a line at right angles to the axis of the establishment, and at right angles again to this transverse line. At Ville-Evrard, opened in 1868, the pavilions are also grouped in pairs; but they are all erected upon two lines parallel to the axis of the establishment. The cellular ward alone, as at Sainte-Anne, Vacluse, and some other asylums, is placed inside the perimeter occupied by all the other classified wards together. Lastly, at Vacluse, opened in 1869, four of the residential pavilions, two for each sex, are completely isolated, the others are grouped in pairs, as at Ville-Evrard, but with this difference, that they stand out at right angles to the axis of the establishment.

Such are, briefly told, the various systems adopted in the material organisation of French asylums.

Private Asylums.—The private asylums doing duty as public asylums are mostly old convents or private houses, more or less suitably adapted to their new purpose. Some of these establish-

ments, however, have been entirely built for this special object. From this class we may mention particularly the asylums of Saint Jean de Dieu at La Guillotière near Lyons, Lommelet near Dinan, Clermont (Oise), Albi, Caen, Pont-l'Abbé, Saint-Georges at Bourg, all of which belong to the group of continuous buildings, and the asylum of Leyme (Lot), which falls in the fourth group. And among the "*maisons de santé*" we notice the Esquirol establishment at Ivry-sur-Seine, the house at Vanves, and Bouscat near Bordeaux, where detached pavilions are the rule, Saint-Nicholas-du-Port, Vaugneray, Saint-Paul at Saint-Rémy, Champvert at Lyons, and the institution of Delaye at Toulouse.

GENERAL AND ECONOMIC SERVICES.

Inside the buildings intended for the patients and for the superintending staff, all the special public asylums contain :—a porter's lodge with a waiting-room ; accommodation for the officials and servants of the administration and of the medical service, for the chaplain, and, if necessary, for the corporation ; a consulting-room and a guard-room for the house-surgeons ; offices, waiting-rooms, parlours, a common room for the inspecting commissioners, and store-rooms ; a chapel ; a mortuary and room for *post-mortem* examinations ; a kitchen and offices ; a dispensary and laboratory ; a linen and clothes room ; a wash-house ; and workshops. Most of the French asylums also contain :—a large recreation room and a library ; a bake-house ; a slaughter-house ; a piggery, poultry-yard, and farm-buildings ; coach-houses and stabling.

With regard to the apartments of the leading officials and servants, they are usually placed in the centre, and close to the entrance, of the establishment, in what is called the administration building. The French asylums, again, have not all adopted the same arrangements in their system and choice of the situation of the buildings intended to accommodate the different services which we have just detailed.

In only one of the departmental asylums which have been entirely built for the purpose—namely, Bron—has the chapel been placed in front of the administration buildings, at the end of a broad avenue, on each side of which are symmetrically arranged the pavilions appropriated to the accommodation of the principal officials and servants. Everywhere else the chapel is situated

behind the administration building, and most commonly even behind that of the general services. Sometimes the kitchen is placed in an entirely isolated building in the centre of the establishment, as at Marseilles, Prémontré, and the new asylum of Saint-Yon; more often it forms part of a block known as the general service building, as at Bassens, Bron, Mondevergues, Pau, and Sainte-Anne; in some asylums, again, it may be found below the linen and clothes room, as at Naugeat before 1874, Rodez, Saint-Robert, and Châlons, a system which offers the most serious disadvantages. The kitchen is usually placed in the axis of the establishment; much more rarely it is situated on one side of a central service court, as at Blois, Toulouse, Naugeat since 1874, and Quatre-Mares. In most asylums the administration building is situated at the entrance, extending at right angles to the axis of the establishment, as at Bailleul, Auxerre, Brenty, Evreux, Prémontré, Quatre-Mares, Sainte-Anne, the new asylum of Saint-Yon, Vaucluse, and Ville-Evrard; and sometimes parallel with this axis, as at Le Mans and Rodez. In other establishments, the offices and some of the general services are situated in buildings placed on each side of the entrance-court, as at Blois, Le Mans, and Toulouse. Lastly, in other asylums all the general services and the apartments of the officials are concentrated together in one and the same block, as is done at La Roche-sur-Yon.

The following asylums represent in their entirety the different systems of construction employed in France in the last sixty years :—

1st Group.—Isolated pavilions at right angles to the axis of the establishment : Le Mans, opened in 1834, and Prémontré in 1867.

2nd Group.—Isolated pavilions parallel with, or at right angles to, the axis of the establishment : Toulouse, opened in 1858, Bailleul between 1863 and 1866, Sainte-Anne in 1867, Bron in 1874, and the new Saint-Yon asylum and Quatre-Mares combined.

3rd Group.—Continuous buildings. The radiating system : Mondevergues, opened in 1862; various systems : Evreux, opened in 1866.

4th Group.—Mixed system : Pau, opened in 1868, Ville-Evrard in the same year, and Vaucluse in 1869.

WARMING OF ASYLUMS.

With regard to their warming, lunatic asylums differ but slightly from ordinary hospitals. General hot-air stoves for the classified wards are found in only nine establishments; in two, namely, Auxerre and Charenton, hot water is employed; in the seven others, namely, Armentières, Bassens, Blois, Lafond, Vaucluse, Ville-Evrard, and Sainte-Anne, the wards are warmed by hot air. In all other asylums the rooms occupied by the patients are indifferently well heated by ordinary stoves, or by Peclet hot-air stoves.

VENTILATION.

No mention need be made of the various systems of ventilation, as they present no peculiar features in French lunatic asylums, and forced ventilation is employed in none of them.

WATER-SUPPLY.

The water-supply is one of the most important questions, and in the special public asylums it is dealt with in a variety of ways. Ten asylums have grants of water from the town in which, or near which, they are situated. These asylums are Bailleul, Blois, Bordeaux, Charenton, Dijon, Dôle, La Charité, Rodez, Sainte-Anne, and Sainte-Gemmes-sur-Loire. In four asylums (Auxerre, Cadillac, Saint-Alban, and Saint-Robert), the water is derived wholly or in part from springs situated at some distance from the establishments, and diverted at their expense. Twenty-two have springs of various depths in their grounds and utilise them for the services of the establishment. Of these twenty-two asylums, seven use steam-engines to raise the water, namely, Châlons, Lafond, Mondevergues, Moulin, Toulouse, the new Saint-Yon, and Quatre-Mares, where for a long time a wind-mill which is still in use was employed; three employ a horse-pump, namely, Brenty, Bourges (the new asylum), and Pau; seven employ manual pumps, namely, Alençon, Armentières, Auch, Bassens, Bonneval, Fains, and Saint-Dizier; whilst in five, namely, Aix (the old asylum), Maréville, Naugeat, Prémontre, and Saint-Venant, the water rises naturally to a sufficient height to obviate the necessity of any special apparatus. Ten asylums appropriate the water they require from rivers or

canals flowing in their immediate neighbourhood; the water being pumped into the cisterns by a steam-engine at the asylums of La Roche-Gandon, Le Mans, Quimper, Marseilles, Saint-Méen, Vaucluse, and Ville-Evrard, by a hydraulic ram at the asylum at Evreux, and by hydraulic pumps in the two asylums of Quimper and Saint-Lizier.

COURTS AND COVERED GALLERIES.

In French asylums the court forms one of the most important features of the classified ward, and we consequently think it necessary to explain its characteristics in the principal institutions, and how it ought to be arranged in order to fully answer its purpose. The court must be so large that the patients have plenty of room in which to move about, and it should be so arranged that the patients can find shelter in case of need from either rain or sun, and have an extensive view over the surrounding country. In most asylums the breadth, or, more exactly, one of the dimensions, of the court of each ward is fixed by the length of the residential pavilion. This is the best way of avoiding the recesses which render supervision difficult, and in which the lunatics are apt to hide. As regards the length or depth of the court, it ought to be sufficient to give a total superficial space of about 25 or 30 yards per patient. In some of the southern asylums, and notably at Rodez and the new Aix asylum, two courts have been made in which the patients go alternately, according to the direction of the sun; but this arrangement, sensible as it is, has only been adopted very occasionally, owing, most probably, to the difficulty of securing for both courts a view of the country, which is one of the primary conditions a well-arranged court must fulfil.

THE CELLS.

A capacity of 1,377 cubic feet is held to be indispensable for the cells; but that they do not always possess this capacity the following table shows:—

Table showing the Capacity of Cells in French Asylums.

ASYLUMS.	Date of Opening and of the Building of the Cells.	Capacity of a Cell, in Cubic Feet.
Armentières	18th century	324.9
Alençon	1831	494.42 to 847.58
Quimper	1821	586.24
Le Mans	1834	600.37
Rodez	1840	720.44
Saint-Méen	1729	847.58
Lafond	1829	847.58
Cadillac	1826	882.90
Sainte-Anne	1867	918.21
Auxerre	1858	988.84
La Roche-sur-Yon	1853	988.84
Sainte-Gemmes	after 1814	953.53 to 1200.74
La Charité	after 1842	1165.42
Toulouse	1858	1165.42
Naugeat	1865	1200.74 to 1377.32
Bureau d'Admission	1867	1211.33
Sainte-Cathérine	1850	1236.06
Saint-Alban	1869	1236.06
Bailleul	1868	1294.68
Bonneval	1862	1412.64
Blois	1841	1412.64
Châlons	1849	1500.93

It follows, therefore, from these figures that in those asylums of which the construction dates back more than thirty years, cells still exist with a capacity less than 882 cubic feet. In some asylums two patients are compelled to sleep in the same cell, but this system is indefensible.

SERVICE OF BATHS.

There are two systems in operation : one consists of a separate bath service for each ward, and the other of a central service for the whole asylum. The first arrangement has been adopted in the five asylums of Bordeaux, Quatre-Mares, Naugeat, Rodez, and Toulouse. For a long time, however, most of the bath-rooms in the Toulouse asylum have not worked properly, and this service is undergoing re-organisation there. The same remark applies to Naugeat and Quatre-Mares. In the following institutions the bath service is completely centralised :—Aix, Alençon, Armentières, Bonneval, Brety, Charenton (for men), Dijon, Dôle, Evreux, Lafond, La Roche-sur-Yon, Le Mans, Maréville, Sainte-Cathérine d' Yzeure, Saint-Dizier, Saint-Lizier, and Saint-Robert. In most asylums there are private bath-rooms for the violent patients.

All the asylums which have been re-organised of late years contain exceedingly well arranged hydropathic appliances; the following institutions are perfectly equipped in this respect:—Auch, Auxerre, Bassens, Bailleul, Blois, Dijon (with two apparatuses), Dôle, Evreux, Fains (not completed), La Roche-Gandon (with two halls), La Roche-sur-Yon, Mondevergues, Sainte-Anne (with two halls), Saint-Méen (with two), Saint-Robert, Vaucluse, and Ville-Evrard (each with two halls). It is interesting to know the number of baths in existence, which is shown in the following table:—

Table showing the Bath-supply in French Asylums.

ASYLUMS.	Normal Population.	Number of Baths.	Proportion per 100.	ASYLUMS.	Normal Population.	Number of Baths.	Proportion per 100.
Aix	400	8	2.0	La Roche-sur-Yon...	320	12	3.8
Alençon	270	8	2.9	Le Mans	450	14	3.1
Armentières	540	12	2.2	Maréville	1,280	38	3.0
Auxerre	446	18	4.0	Marseilles	880	36	4.1
Bailleul	680	22	3.2	Mondevergues	900	30	3.3
Bassens	480	20	4.2	Naugeat	392	22	5.6
Blois	530	12	2.3	Quatre-Mares	700	24	3.4
Bonneval	376	12	3.2	Quimper	342	13	3.8
Bordeaux	420	21	5.0	Rodez	300	8	2.7
Brenty	230	6	2.6	Sainte-Anne	580	26	4.5
Cadillac	400	14	3.5	Sainte-Cathérine	325	8	2.5
Châlons	460	12	2.6	Saint-Dizier	470	14	3.0
Dijon	506	17	3.4	Sainte-Gemmes	540	17	3.2
Dôle	430	15	3.5	Saint-Méen... ..	460	15	3.2
Evreux	800	24	3.0	Saint-Robert	525	26	5.0
Fains	580	19	3.3	Saint-Venant	262	8	3.1
La Charité	305	8	2.6	Toulouse	680	32	4.7
Lafond	298	12	4.0	Vaucluse	580	17	2.9
La Roche-Gandon...	350	12	3.4	Ville-Evrard	620	18	2.9

SPECIAL BATHS AND PUNISHMENT-DOUCHES.

To prevent the patients from getting out of the baths, lids are put over the baths and fastened firmly to the sides. As a general rule these lids are made of metal, principally of copper, or of wood with or without braces. On one side of the lid is an aperture for the head to pass through, and on the other a flap with hinges which can be lifted up to enable the bath to be warmed or the temperature to be ascertained. In the new asylums of the Seine notably at Sainte-Anne and more recently at Charenton, these unyielding wooden or metal lids have been replaced by others

made of thick close ticking, which it is, moreover, very easy to fasten to the sides of the bath. The lunatics are less likely to injure themselves against these lids than against those made of wood or metal.

The punishment-douche was employed far more often as a measure for punishment and intimidation than as a means of treatment. As a matter of fact it has almost entirely disappeared from the French lunatic asylums, although it is preserved in those institutions which are still without hydropathic halls; it does practically admit of a certain degree of hydropathic treatment, and of that kind precisely which is most generally applied in asylums for the insane.

CLOSETS.

In all asylums nowadays the healthy patients are provided with chamber utensils made of crockery, metal, or hardened india-rubber according to the quiet or excited condition of the lunatics. In the infirmaries, and sometimes also in all the dormitories of the quiet patients, these utensils are enclosed in night-stools, and are sufficient for the urine. What to do with the fæcal matter is a problem more difficult to solve. Sometimes small tubs or buckets are provided for this purpose in each dormitory, being placed upon a zinc platform in order to protect the floor; sometimes the bucket and platform are placed outside the dormitories, either upon the landing-place of the staircase, or in closets close by the dormitories; lastly, in some cases proper privies have been fitted up, with descent shafts. All these arrangements, however, offer serious disadvantages, and none of them can be regarded as wholly satisfactory. If care be taken, before sending the lunatics up to their dormitories, to make them go to the privies, only a very few will get up in the night. It is not necessary therefore, to provide closets in the dormitories, but it is quite enough to put a plain night-commode in them, fitted with a spring apparatus.

In most of the French asylums at the present time the privies are put up against one of the enclosing walls of the court-yard, or far less often they are placed in the very middle of the yard, in a little pavilion with a projecting roof. In the first case—which is much the better plan, because it allows all the night-work to be done without entering the court—the closet is fixed across the haw-haw, usually downwards so as not to hide the view, as at Auxerre, Dôle, Prémontre, Sainte-Anne, Saint-Robert, the new Saint-Yon, Vaucluse, and Ville-Evrard; or, when there is no haw-haw, upon one of the points

in the circumference, as at Blois, Châlons, La Charité, La Roche-Gandon, Le Mans, and Mondevergues, or lastly, as at Rodez, in one corner of the court. This last arrangement has been especially adopted when two courts are separated only by an enclosing wall, as at Auch, Bassens, Fains, and Saint-Méen. Sometimes the closet is erected at the end of a gallery covered at the top and open at one side, as at Evreux, La Roche-sur-Yon, and Pau. This arrangement, which enables the lunatics always to be under cover, is, we think, much the best. The arrangement of the privies in the middle of the courts, in a small pavilion with a projecting roof, distant some twenty-seven or thirty-two yards from the buildings, does in some cases present undeniable advantages, but the night work is less easy, as it involves entering the court and having a door opening into the roundway. This system has only been adopted in a few institutions, notably at Cadillac and Marseilles.

COST OF BUILDING LUNATIC ASYLUMS; NET COST PER BED.

It is almost impossible to ascertain generally the cost of construction of an asylum, and consequently the net cost of the place. As a matter of fact the expense varies according to the market price of labour and of the materials used in construction. As a general rule it is higher in the neighbourhood of large populations, and also, but for a different reason, in small places where special workmen are not available and consequently have to be brought from a distance. Moreover, all other things being equal, the net cost per bed also varies appreciably according to the amount of accommodation provided. In asylums for five or six hundred patients the cost of construction for the general services, regarded as a whole, is almost the same as that of the classified wards. But this no longer holds good when the population is less than five hundred, or more than six hundred. The cost of construction of the general offices is diminished in the former case and increased in the latter in only a very small proportion, whereas that of the classified wards is increased or diminished much more relatively, although only remotely corresponding with the increase or diminution in the numbers of the population. From the foregoing considerations it follows that, everything else being equal, the net cost per bed is in inverse ratio to the amount of accommodation, and therefore in this respect the net cost corresponds with the daily rate of maintenance. The cost of construction is much higher now than

it was thirty years ago, having doubled almost everywhere. We should have liked to publish the net cost per patient, if not in all the special public asylums in France, at any rate in those which have been entirely created for their present purpose, but several of these institutions are still unfinished, and some never will be finished, in all probability, in accordance with the original plans; whilst with regard to others the information received does not appear sufficiently precise. In these circumstances we have preferred to leave the matter alone.

We have thought it better not to confuse the expenses for furnishing and purchase of grounds with the cost of construction. The amount of the two former is very seldom shown in the documents, and, besides, it could only appear there in part when it is a question not of a new foundation, but of a reconstruction, as at Pau; and lastly, the expenses for purchase of furniture are not liable to the same fluctuations, according to the locality, as are those of construction. With regard to the expenses on purchase of grounds, it would be necessary, in order to be able to include them in the cost of asylum construction, without ceasing to have grounds of comparison, to fix in the first place the acreage necessary either for the site or for the grounds to be cultivated, and the rules which have been adopted in this respect have as yet been applied in only a small number of institutions. We shall be careful, therefore, in the following table to distinguish between the three classes of expense of which we have just spoken.

In the documents to which we have had access, the cost of construction of the pay-wards has hardly ever been separated from the other expenses. We have consequently been compelled to combine them; but as the net cost of the accommodation of paying patients of the higher grades is much greater than that of pauper patients, we have taken care to specify the asylums which have pay-wards of any importance.

If we omit the asylums of the Seine and the Rhône, which were erected under exceptional circumstances, it will be seen that the cost of accommodation has varied since 1852 between £61 16s. 9d. and £72; and, only speaking of the institutions wholly created at about the same period, or at least between 1858 and 1868, it has varied between £61 16s. 9d. at Pau, and £112 5s. 7d. at Evreux.

In the following figures we have not included the labour furnished by the patients, which in some asylums, notably at Mondevergues, Pau, Toulouse, etc., contributed in no slight degree to diminish the cost of construction.

Table showing the Cost of Asylum Construction in France.

ASYLUMS.	Date of Opening.	Number of Beds.		Cost of		Cost per Bed :		Purchase of Land.	
		Paupers.	Paying.	Construction.	Furniture.	Construction.	Furniture.	Acreage.	Cost.
Le Mans*...	1834	200	—	£ s. d. 15,429 18 5	£ s. d. 3,040 0 0	£ s. d. 77 2 5	£ s. d. 15 4 0	49.42	£ s. d. 3,102 1 7
Sainte-Cathérine d'Yseure†	1850	300	—	14,609 8 0	—	48 13 7	—	—	—
Quatre-Mares*	1851	380	—	32,367 8 0	—	85 3 3	—	91.42	7,330 6 5
Rodez*	1852	220	—	19,200 0 0	—	87 5 7	—	—	—
Bassens	1852	480	—	38,800 0 0	—	80 16 10	—	26.53	5,120 0 0
La Roche-sur-Yon*	1853	200	—	14,400 0 0	—	72 0 0	—	79.07	2,006 14 5
Auxerre	1858	390	56	42,237 11 3†	—	94 13 7	—	39.75	2,070 4 10
Toulouse	1858	600	80	58,901 1 7	—	86 12 0	—	61.62	2,548 0 0
Mondevergues	1862	526	74	40,616 0 0‡	16,840 0 0	67 13 7	28 1 7	71.65	5,178 10 5
Bailleul	1863	620	140	71,480 0 0§	15,025 10 5	94 0 10	19 15 2	140.59	19,961 12 0
Naugeat	1865	350	42	38,238 4 10	5,372 16 0	97 12 0	13 13 7	36.59	3,120 0 0
Evreux	1865	800	—	89,833 12 0||	20,418 12 0	112 5 7	25 10 5	140.77	19,019 0 0
Sainte-Anne	1867	616	—	209,748 0 0¶	35,720 0 0	340 9 7	58 0 0	37.06	114,336 15 2
Pau	1868	400	60	28,447 16 10**	—	61 16 10	—	57.82	4,239 8 0
Vaucluse	1868	580	—	180,507 0 10††	32,000 0 0	310 8 0	55 4 0	296.52	28,000 0 0
Ville-Evrard	1868	620	—	178,287 0 0‡‡	32,000 0 0	287 12 0	51 12 0	704.23	60,000 0 0
Bron	1874	600	—	110,800 0 0	—	184 13 7	—	92.48	10,729 12 0

* According to Parchappe.

† Including the pay department.

‡ Including the pay department and the pavilion which is yet to be built.

§ No pay department nor workshops.

+ Twenty-five beds have been added lately.

¶ Including the bureau d'admission as it was in 1868.

** Pay department included.

†† Not including the children's ward.

‡‡ Not including the pay department.

One of the principal objections brought against the system of building asylums in detached pavilions is, that they would cause greater expense than the others. We would remark, in the first place, that the difference would only hold good in the classified wards, since, with regard to the general services the method of building is in no way subordinated to the system adopted for the classified wards. Now, in the latter case, experience has proved that it would cost no more to build them at a certain distance from one another, than to group them in one or two blocks of buildings; a fact which is due, it should be said, to the necessity of imparting to the erections in the latter case a very slight monumental appearance, and of adopting, at a dead loss of accommodation, internal arrangements which are wholly unnecessary in detached or semi-detached pavilions, in which every corner, so to speak, is utilised.

We have only been able to ascertain for a very small number of asylums the net cost per bed of purchase of furniture, and in some of these cases the figures which we have been able to supply appear to be very inadequate. For an asylum for five or six hundred patients this cost ought to vary between £18 and £24, according as we include or exclude the expenses for the fixtures,—in the laundry, kitchen, and bath-rooms, for instance—which in some asylums are entered under the cost of construction. It is probable that most of those people who protest against the cost of building in the French asylums are unaware that, with the exception of the department of the Seine, France is the country where these expenses are the smallest. It is unnecessary in this connection to refer to England and the United States, where, even before Parchappe published his work in 1853, the net cost per bed varied from £128 to £400; we will merely quote the following figures from the most recent publications on the subject:—

Table showing the Net Cost per Bed in certain Asylums, for comparison with the Cost in French Asylums.

ASYLUM.	Date.	Patients.	Cost per Bed.		
			£	s.	d.
Bunzlau (Russian Silesia)	1863	400	147	5	0
Göttingen (Hanover)	1866	230	178	0	0
Rheinau, for incurables (Canton of Zurich) ...	1867	600	64	0	0
Osnabrück (Hanover)	1868	200	198	14	5
Zürich (patients under treatment)	1870	260	400	0	0
Königsfelden (Aargau)	1872	300	280	0	0
Saint-Urban (Lucerne)	1873	300	320	0	0
Bois-de-Céry (Vaud)... ..	1873	350	240	0	0



CHAPTER XVIII.

ASYLUM CONSTRUCTION IN GERMANY.

Typical Asylum at Neustadt Eberswalde described.—General Principles.—Details of Asylum.—Management Building.—Steward's Building.—Out-buildings.—Blocks for Patients of Various Classes.—Isolation Blocks.—Water Supply.—Baths.—Closets.—Ventilation.—Lighting, etc.—New Asylums in Rhineland Provinces.—Dalldorf Asylum (Berlin) described.—Cost per Bed in German Asylums.



IN this chapter we purpose giving an account of the whole procedure for the erection of a provincial asylum for 300 patients, from the initial steps taken by the provincial authorities, and the commission given to the architect and his coadjutors, down to the final arrangements for heating and ventilation. The peculiarities of the German method, the way in which the questions of paying-patient and pauper, curable and incurable, are dealt with, and how the house is arranged, will thus be described in a typical instance planned by Gropius—the most notable architect, perhaps, of Germany, a man long trusted on account of his special acquaintance with his subject—with a due regard to the institutions existing in Germany, and the results which their experience gave, and after having visited the most important establishments in adjacent countries. In a word, this asylum of Neustadt Eberswalde is to be looked upon as a model institution, most in accordance with the experience and requirements of the Empire.

It was at the instance of the Provincial Board for the Poor that the architect was entrusted with the drawing up of a building programme, and the preparation of sketches. These were then laid before a commission of medical experts, including the medical

superintendent-elect of the new institution. This latter gentleman, in view of the fact that doctors have a special knowledge of the inner workings of establishments of the kind, prepared the plans for the kitchen, washhouse, and steward's department, separately. The commission, after visiting the site, laid down the following general principles :—

1. There was to be no communication with the townsfolk except for purposes of management, and where it could be serviceable from the therapeutic point of view.

2. The separation between the sexes throughout was to be as complete as possible.

3. The various rooms for sleeping, sitting, and working were to be arranged according to classes, determined by education and previous habits of life.

4. There was to be a separation of the quiet and easily managed patients from those afflicted with disturbing and noisy symptoms.

5. The departments were to be arranged around the medical and administrative centre, so that all should be as readily accessible as possible.

6. The quarters of the medical superintendent were to be at the entrance, as intermediary between the house and the outer world.

7. The steward's department was to be under the same roof as the rest, for the sake of the servants of the institution during unseasonable weather.

8. The site was to be free, airy, and bracing, and so elevated that there should be protection from damp, and that fluids should be easily removed.

9. There must be an adequate water-supply.

10. There must be a sufficient area for courts, gardens, and grounds, in order that the patients may occupy themselves and take exercise.

11. So far as possible, curables were to be divided from incurables, the former requiring more costly arrangements.

12. The curable side should have direct access to the medical officers.

13. The departments were to be so far divided one from the other that the doctors might go readily from department to department, but not the patients.

14. As regards the patients, it was calculated that one-fifth would

belong to the upper and four-fifths to the working classes ; or, out of 300 patients, 60 to the former and 240 to the latter.

15. As regards curables and incurables it was resolved that there should be 200 of the former and 100 of the latter in one mixed asylum, while an additional 100 incurables and epileptics should be located in a special infirm-department, under the same management but separate and distinct.

Apart from the infirmary erected behind the asylum proper, though within the same estate, the mixed asylum remains to be considered. Accommodation was to be provided for twenty men and twenty women, all curables, of the upper classes ; secondly for ninety men and seventy women, also curables, of the working classes ; and, lastly, for fifty men and fifty women, incurables, belonging to the classes indifferently.

For these inmates the following buildings were necessary :—
(1) a management building, three stories high ; (2) a steward's department, two stories high ; (3) outbuildings, one story high ; (4) Two blocks for curables of the better classes, each two stories ; (5) Two blocks for curables of the working classes, each two stories ; (6) Two blocks for the incurables of all classes ; (7) two isolation blocks of one story. The fact that in the case of the last four blocks the institution is double is caused by the presence of the two sexes. For their complete separation similar blocks for men and women are constructed on either side of the main or management department.

The institution, while presenting an extended front, was bent at a right angle, so that the departments for the working class patients and the isolation buildings would have a different exposure to the wards of the better classes. The isolation building might also serve the very essential purpose of an infectious hospital. Every asylum ought to be in a position to meet the contingency of epidemics ; and it is almost the only defect which can fairly be charged against the institution under consideration, that an infectious block standing altogether apart did not form a feature of the plans.

The visitor, then, coming into the grounds, and walking up to the main-entrance, where the medical superintendent's residence is situated, and above which towers the clock of the asylum, might either enter the management building or turn along the path to his left. In the latter case he would pass the department for male curables of the better classes, and come to a covered passage which

leads to the division following. On turning a corner he would find himself within the grounds reserved for the curables of the next degree, and, going yet further, he would reach the grounds attached to the isolation quarter. The inner courtyard of the institution is of course open behind, as far as the back gate with the outbuildings on either side of it. These outbuildings form part of the wall of the asylum, and thus save the expense of masonry.

We will now devote some space to the several component parts of the institution taken in order.

THE MANAGEMENT BUILDING.

Arranged around the entrance hall, intervening between the two divisions of the asylum, and containing the bulk of the medical and managerial apparatus, are the residences of the medical superintendent, or director, as he is usually termed in Germany, and the several assistant medical officers, the house-governor's office, receiving-rooms, a small chemical laboratory and pathological rooms, and the chapel. It would be wearisome to exhaust this enumeration to the last point,—to mention the porter's lodge, treasury, secretary's office, and stairs. Certain omissions must be made in pursuing this description, but not such as contain any principle of consequence. Here also will be found the library and surgical instruments, with the medicines in the dispensary.

THE STEWARD'S BUILDING.

As the last department had a southerly aspect, so this one looks to the north, and out upon the court-yard to the rear of the establishment. It must always be a first principle to admit light and air as far as possible into the day-rooms, and it will be remembered that the bulk of the day-rooms in this institution face the opposite way from the steward's department. The block contains kitchens, sculleries, larders, and the head cook's rooms, linen-cupboard, clothes-cupboard, engine-house supplying hot-water and steam to washhouse, the establishment as a whole, and the kitchen. There is also a social room for the use of members of both sexes, on the occasion of concerts, festivities, and the like.

There must be four distribution places for the food, one for each of the four departments on the male and female side, curable and incurable. Upon this especial stress is laid by the medical men ;

and it is necessary that these four points should be connected by means of covered ways with the quarters to which the food is destined.

The dépôt, as it is customary to term the subsidiary block where it will be recollected the infirm are located, receives its supplies before the necessities of the rest of the establishment are seen to. Steam cooking has been agreed upon, but whether the steam ought to have free play, or whether the boilers should be mantled, has not as yet been decided. The latter system has certainly proved more costly, but upon the other hand the appearance of the food is superior.

THE OUTBUILDINGS,

which are one storied and situated on either side of the rear gate, include wood sheds, workrooms for the men, fire-engine, hose and connections, cattle sheds, mortuary and *post-mortem* room, and gardener's residence. For obvious reasons the mortuary and post-mortem room ought to be quite outside the ordinary paths of intercourse in the building, and near the outer wall, so that corpses may be removed through a back door by hearses, which should never enter the court-yard at all, and whose work should be completed without alarming the inmates.

BLOCKS FOR PATIENTS.

Passing now to the departments of the establishment where patients are, we find :

(i) *Blocks for quiet curables of the better classes.* This division stands next to the management, with which it is connected on the ground floor by covered ways. There are eight wards with one bed each, and six wards with two beds each ; two social rooms, which are used also as dining-rooms, and two attendants' rooms. It will be necessary to provide two privies and water-supply. The corridors are 12 ft. wide, and the stairs 5 ft. wide, a partition of oak or of solid masonry dividing the flights, so that patients cannot project themselves over. The head-attendants, male and female, on the male and female side, have rooms on the flat : the former having parlour, bedroom, and kitchen ; the latter, parlour and bedroom. The bath-room, with four bathis, and fittings for douches and showers, serves also for quiet individuals belonging to the next department for the working-class inmates.

(ii) *The blocks for quiet or noisy patients of the working-class.*

These patients are curables, and the blocks, which are two-storied, may be in a line with the previous blocks or at right angles to them. The connecting passage is upon the ground floor. The wards are arranged as follows:—four have ten beds, four have eight beds, four have four beds, and four, for isolation, have one bed each. The beds include those for attendants sleeping with the patients. There are two common rooms devoted to instruction and occupation. There are likewise two rooms for bed-ridden and fever cases. The privies are four in number, upon the d'Arcet system, with the improvements which have been found so useful at Leubus. They are separated from the corridors by a double room or double doors. The value of excrement from the point of view of manure must not be left out of sight, when 400 patients yield an annual value in this way of £240 to £300. The corridors are 15 ft. wide, and provided with alcoves for accommodation of the patients during the day. These recesses, of course, have a view over the country, the dormitories looking on to the court. The isolation cells may be required at night, or for patients not so seriously indisposed as to call for solitary confinement proper. It will have been remarked that seventy women are accommodated in this block as compared with ninety men. This is owing to the fact that women stay more in the house, and therefore require more cubic space, besides being more excitable and difficult to deal with.

(iii) *The blocks for the presumably incurable of all social classes,* provided with two stories, connected on the ground-floor with the previous block. The arrangement of wards and beds is as follows:—there are two wards with four beds each, and a room for one attendant; a ward with two beds; a ward with ten beds, and a bed for an attendant; two wards connected by a door and containing ten beds each, together with a bed for an attendant; and a ward with ten beds and an attendant's bed. There is also an isolation ward, with one bed. The corridors are 15 ft. wide, with recesses as in the last department. Rooms for the second attendants on both sides are added. The two bath-rooms contain six baths, and there are two privies. The upper-class patients are placed in the smaller wards, the remaining forty lower-class patients in the larger.

(iv) *The isolation-blocks.* There is a small vestibule placed next to the incurable division, and an exit upon the court-yard behind. The corridor, 15 ft. wide, is divided into two parts by the

attendant's room. The six cells are lighted from the roof, and the windows are sunk deep in the wall, and open upon the back part of the corridor. The two divisions of the corridor are for the sake of the educated and uneducated inmates. There are complete arrangements for heating. The windows which look into the court open inwards. The attendant's room may require to have a view of a patient throughout the night. The isolation-cells open outwards, and are 10 ft. wide by 12 ft. long, and 12 ft. high. The door is double, and quite smooth on the inside. The spring-bed and also the small table and bench are fastened to the floor. There is a fixed privy, with porcelain fittings and a lid which can be screwed down. Under the funnel is placed a zinc pan, which receives the dejections below and can be withdrawn from the corridor. The grated windows afford some outlook, and the windows in the roof can be covered from the attic, so that the cell may be darkened. The walls are a foot-and-a-half thick, are constructed of bricks with a layer of cement superposed, and are painted in oil. The cells are warmed by stoves, which, surrounded by tiles, are placed in the corridors. The roofs are slated throughout. There is a system of cellars with coal-hole, chips, stores, and rooms for the domestics, and for noisy patients, as well as workshops. The general height of the wards is 13 ft., and the amount of cubic space allowed to patients is 800 cubic feet. Windows are arranged everywhere, with the exception of some rooms where skylights are inserted. The material is of wood, the windows opening inwards, and the upper wings being smaller than the lower. Ordinary locks are used. The panes measure 7 in. by 5½ in., and are fixed in strong wooden ribs. The grating may be of wood and iron, or of iron alone. The doors are in one piece, and not bolted, but locked; the walls are painted grey, grey-blue, or grey-green. The educated patients and officials have carpets on their floors. The floors are oiled, except in the isolation-cells where there is a patent floor of glued deals. The lighting is by gas, either from the town or from gasworks in connection with the establishment itself.

For the division of the several sets of gardens and grounds, which, as has already been pointed out, must be separate for each department, boarding is sufficient. These partitions are higher than the average height of a man, and may be partially roofed for the protection of the patients when the weather is unfavourable. A fountain with drinking-water may be placed in the partitions, in such a position as to supply two gardens at once. It was decided

to have the outer wall 10 ft. above ground and 5 ft. below it, while hedges and ditches completed the circuit.

The constant occurrence of the ice-house in all plans of German asylums may for a moment seem to be peculiar. It is, however, scarcely necessary to point out, at all events to the professional reader, the value of ice and icebags in the congestive conditions which are prone to occur, and the absolute necessity of having these remedies at hand.

The infirm *dépôt* receives 100 incurables, epileptics with amentia, and cases with paralytic symptoms. While posted on another part of the estate, and not continuous with the principal buildings, it is under the same general management. Food, clothing, and such necessities are distributed from the main institution. But the superintending medical man, though subordinate to the director, is quite independent of the first assistant medical officer. He must overlook everything: regulate office and book-keeping, as well as inform himself upon questions of diet, clothing, and furniture. The administrative department is in the centre, and the wings for the sick are on either side. The dormitories on the male and female sides respectively are four in number: three with thirteen beds each, one with fourteen. Of the whole number of fifty-three beds, three are for attendants. On the ground-floor are placed the uncleanly epileptic and paralysed; upstairs are the idiotic patients. The corridors are 10 ft. wide, with side-lighting and stove-warming, and privies upon d'Arcet's system are placed on both floors.

STEWARD'S BLOCK AND OUTBUILDINGS.

We must next offer a few remarks upon the plans for the steward's block and outbuildings, which were framed with a special view to meet the wishes of the director-elect. In the cellars of the former—which, it is to be remarked, were hardly cellars at all, for the foundation was able to be laid only 3 ft. below the surface—there are a beer-cellar for ten casks of beer, a bread store-room, and a dairy-room, with draught. There are also two cellars, 15 ft. by 20 ft., for vegetables and a month's supply of potatoes. There is an additional small cellar for wine and fruit juices, butter, oil, and herrings. On the ground-floor are the kitchens, mangle, the steward's and head cook's rooms, and the fourfold delivery of food. Upstairs are the artificial drying-room, and large store-rooms for dried vegetables on the one hand, and for mattresses, clothes, linen wash, and miscellaneous articles on the other.

The outbuildings fulfil several purposes: there are apartments for a married gardener, married watchman, baker, stoker, farm-boy, and errand-boy. A useful purpose is served in having these persons separate from the female servants. Then there are the mortuary and *post-mortem* room. Thirdly, these erections supply the requirements of farming and husbandry. Lastly, there are stables for the horses of the establishment, and coach-houses for the conveyances. There is an obvious inconvenience in an asylum having to depend upon hired vehicles.

It was estimated that for obtaining the 30,000 quarts of milk required annually by the institution a herd of ten cows would be needed. This number would, however, appear to be below the mark. At Wittstock Workhouse experience showed that six cows only supplied 13,601 quarts, and, upon that basis, thirteen, and not ten, cows would be required. The *post-mortem* room was planned for six persons to work there at the same time; and it was agreed that eight persons might work in the wood-shed during the winter.

These proposals had to be submitted to the judgment of the Building Committee of the Provincial Council, and last of all to the State Authorities.

The asylum stands one-fifth of a mile from the town, is surrounded by hill and dale, and is in a quiet position with a pleasant view. The grounds include grass-plots and fountain; and there are pleasant walks about the forest to the town. The main front is 700 ft. in extent, and is rendered less prison-like in appearance by being withdrawn more or less from the direct line, and by architectural variety. The side-front is 390 ft. long. The entire area built upon amounts to 104,271 square feet, showing, for a sum total of 400 patients, 260 square feet apiece. Inclusive of buildings, courts, and grounds, the entire site covers twenty acres.

The cubic space allowed, in cubic feet, is severally:—

DEPARTMENT.		Day Rooms.	Night Rooms.
Curables of every class	...	1,430	1,017
Incurables and Isolation	...	1,205	820

The heights of the several quarters, expressed in feet, are:—cellars, 9 ft.; ground floor, 13 ft.; first floor, 13 ft.; second floor, 12 ft.; chapel, 31 ft.; large hall, 15 ft.; smaller halls, 13 ft.

The total area built upon is divided as follows:—

Management Building - - - -	11,372 sq. ft.
Paying Departments (for the better-class Patients) - - - -	14,542 "
Departments for ordinary Curables and all Incurables - - - -	36,422 "
Isolation Departments - - - -	10,946 "
Steward's Department - - - -	11,335 "
Passages and Gangways - - - -	12,062 "
Outbuildings - - - -	6,461 "
Ice-house - - - -	531 "
Water-reservoir - - - -	600 "
<hr/>	
Total area - - -	104,271 sq. ft.

A very important feature is a "neutral" corridor on the ground-floor, running round the entire compass of the establishment, serving for the conveyance of coal, stores, and the patients themselves, and allowing to the medical officers easy access to every part of the asylum.

An excellent supply of water is available eight feet below the surface, and a well which has been sunk, with a diameter of twelve feet and a water-level of thirty feet, has been equal to all requirements. The reservoir holds 3,000 cubic feet, and a second well could be easily sunk in case of necessity. The supply must amount to at least five cubic feet per day per patient for all purposes.

The steam-engine which lifts the water to the reservoir is of four-horse power, possessing three pumps with double action; and the iron pipes are of six inches diameter, and serve for reflux. The water-level in the reservoir stands ten feet above the floor of the attics. The pipes form a closed ring for the whole building, but any single department can be shut off if required.

Warm water is supplied from cisterns in the attics.

The water-closets are all, except for the officials and the presumably incurable, upon d'Arcet's system; and the heating arrangements in connection with the baths, which are adjacent, have enabled the foul air to be sucked out of the privy pipes. The closet ditches are of hard burnt brick, in cement, with air separation from the walls. They only require cleaning once a year. The urine ditches are utilised for the sewage farm. When all these refuse matters are mixed up together with ashes, etc., the whole

forms quite an odourless mass. Stoppages in the stone traps of the channels or pipes have never occurred.

Bath-rooms are arranged in every department. The floors are of asphalt covered with lattice-work. The taps admit of a mixture of the hot with the cold water, and any desired temperature may be readily secured.

The medical men entertained an invincible objection to air-heating, and it had in this instance to be relinquished. Hot-water heating at low pressure is very costly, consuming in annual interest upon the original first cost what is saved on material. There remained therefore heating with hot water at high pressure, and stove heating. But to keep up some hundreds of Dutch stoves was out of the question, indeed, they were only proper for the officials. The stoves chosen were transportable, of iron with brick lining, $2\frac{1}{2}$ inches thick. The chapel was heated with air. The hot-water system chosen was that of Haag, but in very cold winters it was found to be hardly sufficient. It was therefore proposed to have double windows and papering of walls. The end rooms always remained cold the longest, and cooled down again soonest, and they especially called for more pipes, double windows, and papering. The pipes were placed in the window-breasting.

Two large shafts, 6 in. by 10 in., running in the partition walls of each dormitory, have proved sufficient for ventilation. They open into the unused attics. Gas flames always help; and there is a special draught set under the privy. But much must be left to the attendants, especially where the inmates are uncleanly in their habits.

With regard to the kitchen, it has only to be mentioned that the potatoes are placed upon a frame and lowered in the apparatus, where they are cooked by steam.

There is a hot table for dividing joints without cooling them.

THE RHINELAND PROVINCES.

The foundation-stones of five new asylums to meet the wants of Rhineland were laid about the year 1877. All the efforts of the Council of the province were devoted to gaining the latest information, and arranging their asylums in consonance with the results of experience. Two points came under discussion which call for notice here—the locality to be chosen, and the size of the institution.

The importance of a central position was emphasised for two reasons,—that access might be easy to all friends of patients requiring asylum treatment, who should not be deterred by distance or difficulties in journeys, etc., or considerations of expense of transit, from taking immediate advantage of the benefits of the asylum, and that knowledge and information as to the precise character of the establishment might be diffused. The nearer the asylum, the more opportunity friends had of visiting their sick and judging how they were treated. Confidence would thus be inspired, and deeply rooted misconceptions removed.

As regards the number of patients, it was thought that this should be 300 or 400. Larger asylums do not readily admit of adequate supervision of inmates. However well this may be based theoretically, it has not been maintained in practice. Overcrowding follows fast upon the heels of new asylums; and unless the erection of yet newer institutions is to be undertaken yearly almost, additional room must be made by enlarging the old ones. The best of resolutions give way when wing and block are added, and even store-rooms and waiting-rooms have to be forced into service. It will be found that in a majority of cases the number of beds soon approximates more to 800 and 1,000 than to 300 or 400.

Moreover, the expense per patient is always in inverse ratio to the size of the establishment. Private asylums are more costly than public ones, because the beds are fewer, and the initial expense is high. No doubt the supervision is more perfect in the case of private asylums, and they are so far to be preferred; but, upon the other hand, unless the funds at the disposal of their proprietors are very ample, in addition to having to charge more per patient they will be unable to provide some costly necessities which call for abundant capital in the first instance.

THE DALLDORF ASYLUM.

Just as the provincial asylums of the Rhine Province caused so much anxiety and expense to the Council, so the Dalldorf Asylum near Berlin was a subject calling for thought, deliberation, and money on the part of the Municipality of Berlin. No such limit of the number of patients was in this case contemplated. There was to be a department for 600 lunatics, and a department for 600 more belonging to the class of the infirm and epileptic. It was

determined somewhat later to provide accommodation for idiots within the boundaries of the main establishment.

Dalldorf Asylum lies at a distance of 9.5 kilometers (6 miles) from Berlin, with which it is placed in connection by a line of tramways.

The grounds were planted with white-thorn, and there was a willow plantation with abundant material for basket-making. The lake is stocked with fish and contains a small bathing-house for the keepers. It likewise in winter supplies the cellar with ice. The middle of the square has bushes and a fountain within iron railings. The walls of the noisy department are 9 ft. 10 in. high.

The buildings are upon the pavilion system, with six pavilions in the asylum and four in the infirmary; but the arrangement could not be carried further because of the difficulty, nay impossibility, of supervision. In the former department the vertical arrangement of wards is generally adopted; in the latter the horizontal.

The hall for worship contains a harmonium and the altar, the latter being capable of being shut off when musical entertainments are given.

The general plan of all the divisions is the same. The long corridor has day-rooms and dormitories on one side, while on the other it has three wings for single and isolation wards, baths, privies, and lavatories. There is a ground floor and one flat to each, the middle portion of the long pavilions having, however, a second flat. There is some space for beds upon the ground floor, as the patients are much in the open, or out upon the corridors.

The number of beds to a ward varies from sixteen downwards; in the department for fifty "excited" cases there are twelve rooms with one bed each, and the largest ward only contains six beds. The attendants mostly sleep in the wards with the patients.

The space allowed per bed in the pavilion for lunatics retaining their bodily health amounts to $71\frac{1}{2}$ to 77 sq. ft. in a ward 14 ft. high; in the day-rooms the space allowed per patient is 616 cub. ft.

In the asylum for idiots food is provided from the main building, only a small kitchen being required for the preparation of breakfast and supper. The dining-hall also serves for meetings and entertainments, and the gymnasium is used as a workroom. The inmates number fifty boys and fifty girls.

With regard to the materials used in construction, it is to be remarked that the kitchen walls are of brick, the roof covered with zinc, and the floor of concrete, with a slope to a gutter running

round the hearth. The walls are painted light green, in oil, to a height of $6\frac{1}{2}$ ft., and are, above that, whitewashed, except that in the cells and wards for patients of uncleanly habits the walls are painted in oil throughout.

The floors call for no special remark.

The privies have one common trough containing water, and can only be swilled by the keepers. There are precautions against blocking by the patients.

As far as possible heating is effected with hot air; hot water being only employed in the smaller apartments. The central system of the Brothers Sulzer in Winterthur was selected. The pipes are of iron with asbestos in the flanges, of a total length of 12,917 yards. At the commencement, at the boiler-house, the diameter is about 7 in., at the end of Pavilions III and IV, 5 in., and on leaving V and VI, and IX and X, 4 in. Any pavilion can be cut off. A fall of 1 in 500 being deemed necessary, cylindrical vessels had to be included in the circuit.

As regards the hot air, there are seventy-six hot chambers, with a heating-surface of 62,975 sq. ft. in all. They are mostly disposed along the corridors, a space being left between them and the wall.

Heating by hot water is employed for the bath-rooms, the residences of the assistant medical officers, and a few ante-rooms. The reservoirs are on Sulzer's system.

The total heat would enable the air to be renewed more than twice hourly, its temperature being at 63° .

The cost was £26,869, the heating-apparatus alone £23,886; or £23 3s. per head for 1030 patient; or £24 1s. for 3300 cub. ft. to be warmed.

Lighting is by gas supplied from the town gasworks. There are 1,967 burners.

COST PER BED IN GERMAN ASYLUMS.

The following particulars as to the cost per bed in a few of the newer asylums may prove interesting:—

Neustadt in West Prussia	-	-	£180	0	0
Düren	-	-	243	8	0
Andernach	} Rhineland	-	304	15	0
Drafenberg		-	364	7	0
Dalldorf	-	-	474	0	0

From Allenberg it is reported that the telephones work admirably ; at Göttingen the privies on the d'Arcet system have been given up and Hopper's system, with water rinsing, introduced ; at Karthaus Prüll Wernecker's privies have been introduced, likewise in Munich ; at Hofheim Russian stoves are used ; at Eichberg in Hesse-Nassau a modified hot-air system of heating is in vogue.

At Eichberg a cubic space of

814 cubic feet is allowed in the day-rooms,

1295 " " " dormitories,

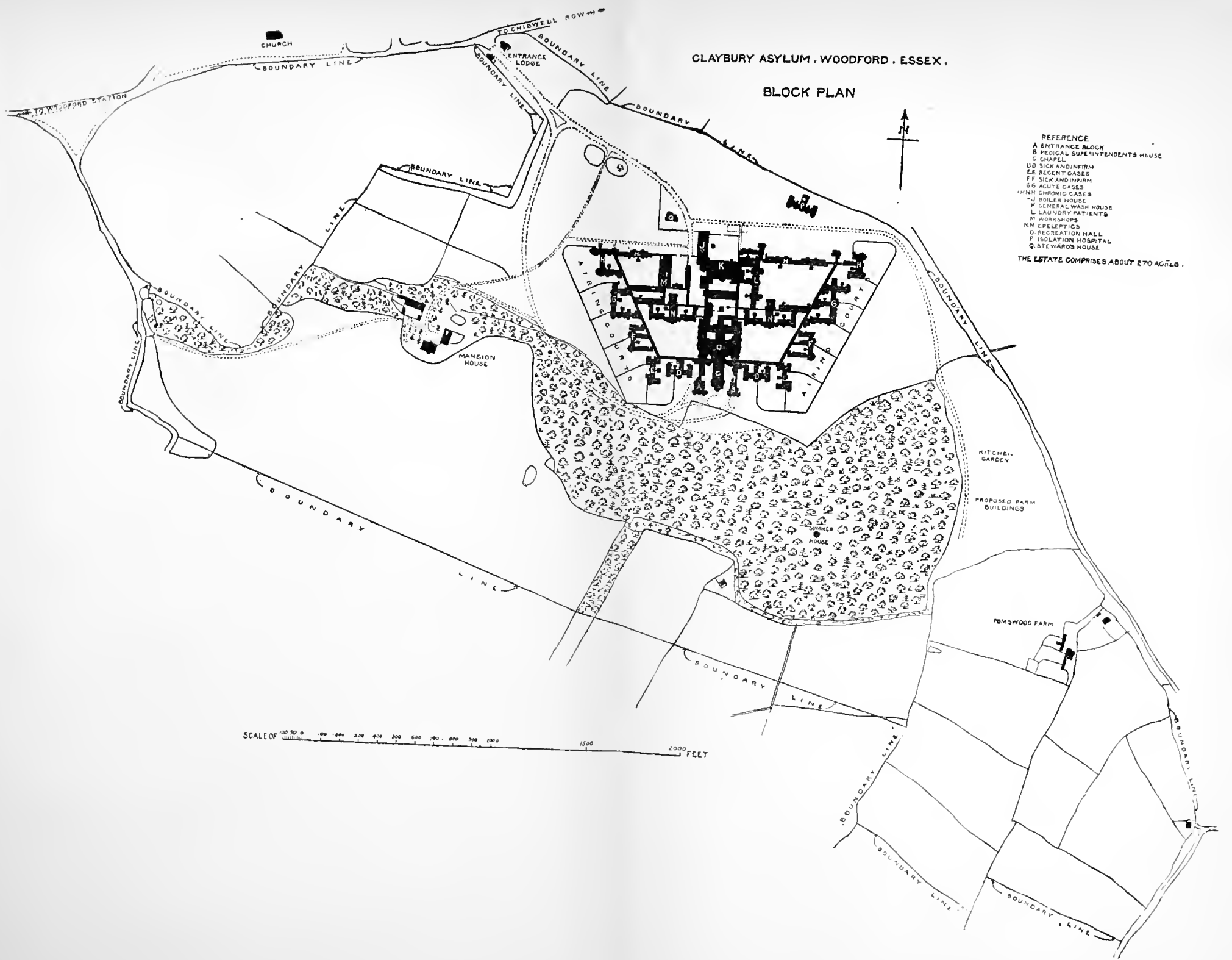
2000 " " " cells,

for each patient.



CLAYBURY ASYLUM, WOODFORD, ESSEX.

BLOCK PLAN

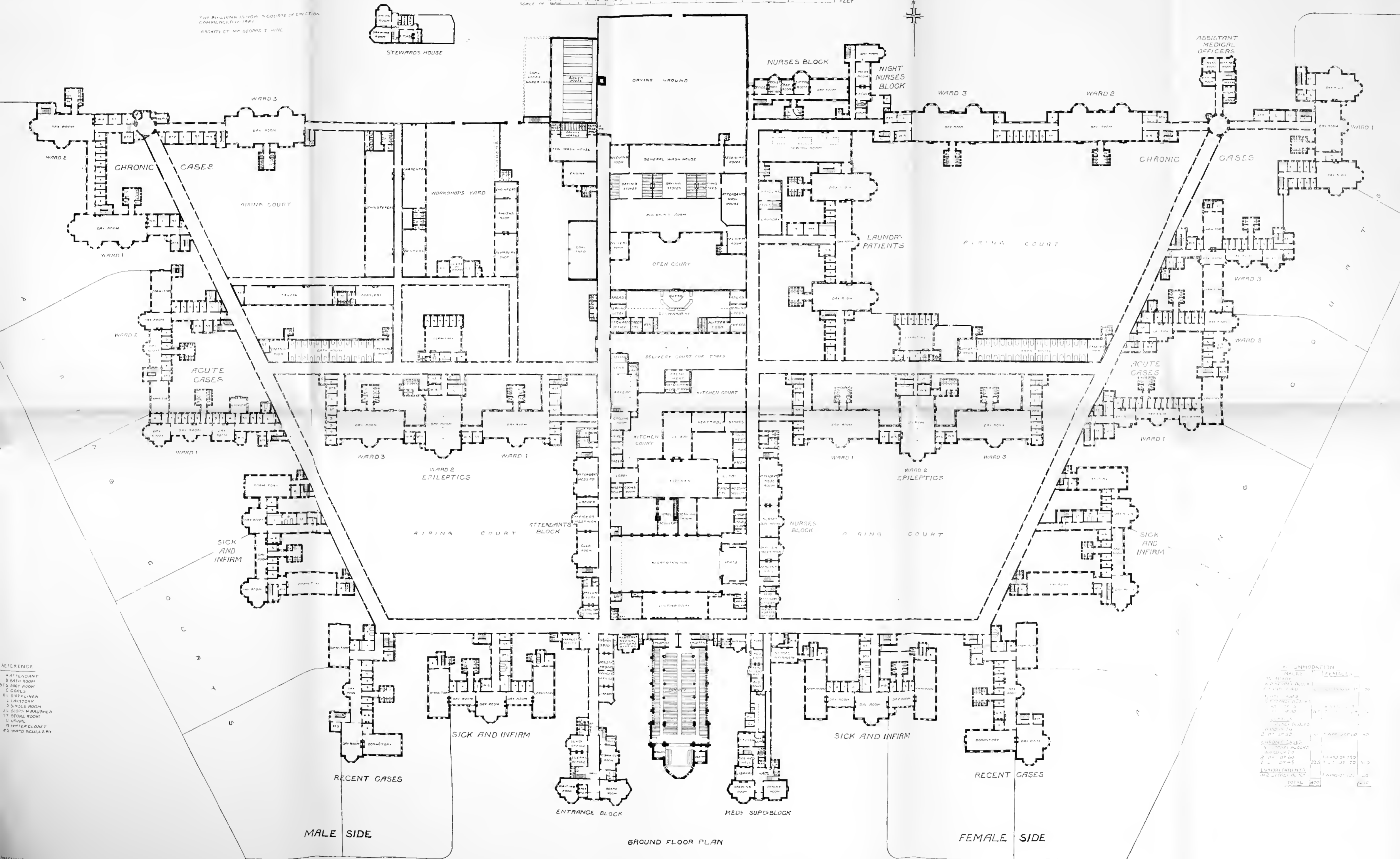


- REFERENCE
- A ENTRANCE BLOCK
 - B MEDICAL SUPERINTENDENTS HOUSE
 - C CHAPEL
 - DD SICK AND INFIRM
 - EE SICK AND INFIRM
 - FF SICK AND INFIRM
 - GG ACUTE CASES
 - HH CHRONIC CASES
 - I BOILER HOUSE
 - J GENERAL WASH HOUSE
 - K LAUNDRY PATIENTS
 - L WORKSHOPS
 - M EPILEPTICS
 - N RECREATION HALL
 - O ISOLATION HOSPITAL
 - P STEWARDS HOUSE

THE ESTATE COMPRISES ABOUT 270 ACRES.

SCALE OF
FOOTING
10 20 30 40 50 60 70 80 90 100 150 200 250 300 FEET

STEWARDS HOUSE









APPENDIX.

(A.)

REPORT OF THE COMMITTEE OF THE LONDON COUNTY COUNCIL ON A HOSPITAL FOR THE INSANE.

THE Committee on a Hospital for the Insane was constituted by a resolution of the Council, passed upon the 11th of April 1889; and at a subsequent meeting was ordered to be composed of the following members, namely:—

- Mr. Carr-Gomm, J.P., Late Chairman of the Committee of the London Hospital.
- Mr. Brudenell Carter, F.R.C.S., Vice-Chairman of the Sanitary and General Purposes Committee of the Council; Ophthalmic Surgeon to St. George's Hospital.
- Mr. Burns.
- Captain James, R.E., Chairman of the Sanitary and General Purposes Committee of the Council.
- Mr. Hutton, Chairman of the Building Act Committee of the Council; Member of the Committee of the Royal Free Hospital; Vice-Chairman of the London Temperance Hospital.
- Mr. Longstaff, M.B., F.R.C.P.
- Mr. Martineau, J.P., Chairman of the Asylums Committee of the Council.

The Committee was instructed "to inquire into, and to report to the Council upon, the advantages which might be expected from the establishment, as a complement to the existing asylum system, of a hospital with a visiting medical staff, for the study and curative treatment of insanity."

The Committee held its first meeting upon the 13th of May, when Mr. Brudenell Carter was elected Chairman. It was then resolved that application should be made to various eminent medical practitioners, asking them to attend and give evidence at subsequent meetings; and a list of

names for this purpose was drawn up and agreed upon. These names included not only experts in insanity, and physicians chiefly engaged in the treatment of diseases of the nervous system with which insanity is not necessarily associated, but also physicians and surgeons in more general practice. In compliance with the request of the Committee, the following gentlemen, whose names are placed in alphabetical order, attended and gave evidence at the several meetings.

Allbutt, Thomas Clifford, M.A., and M.D., Cantab., LL.D., F.R.S., F.R.C.P., a Deputy Lieutenant for the West Riding of Yorkshire; a Commissioner in Lunacy; formerly Physician to the Leeds General Infirmary, and Lecturer on Medicine in the Leeds Medical School; for some years a member of the Committee of Management of the West Riding County Asylum at Wakefield, and a member of the Building Committee of Menston Asylum.

Banks, Sir John T., K.C.B., M.D. of, and Regius Professor of Physic in, the University of Dublin; D.Sc. of the Queen's University of Ireland; Honorary Fellow and Ex-President of the King and Queen's College of Physicians, Ireland; Ex-President of the Royal Academy of Medicine, Ireland; Member of the Royal Irish Academy; LL.D. of the Glasgow University; Representative of the Royal University in the General Medical Council; Ex-President of the British Medical Association; Physician-in-Ordinary to the Queen in Ireland; and holder of several hospital appointments in the City of Dublin.

Bastian, Charlton H., M.A. and M.D. Lond., F.R.S., F.R.C.P., Physician to University College Hospital and to the National Hospital for the Paralysed and Epileptic; Professor of Medicine in University College.

Browne, Sir James Crichton, M.D. Edin., F.R.S., LL.D., Lord Chancellor's Visitor in Lunacy; formerly (for ten years) Medical Superintendent of the West Riding Asylum at Wakefield; Medical Superintendent of the Newcastle Borough Asylum; and has held office in the County Asylums of Devon, Derby, and Warwick.

Bryant, Thomas, F.R.C.S., a Vice-President of the Royal College of Surgeons of England, and for many years Surgeon to Guy's Hospital.

Buzzard, Thomas, M.D. Lond., F.R.C.P., Physician (since 1867) to the National Hospital for the Paralysed and Epileptic.

Clark, Sir Andrew, Bart., M.D., LL.D. (Aberdeen and Edinburgh), F.R.S., President of the Royal College of Physicians, and for many years Physician to the London Hospital.

Ferrier, David, M.D., LL.D., F.R.C.P., F.R.S., Physician to King's College Hospital and to the National Hospital for the Paralysed and Epileptic.

Gowers, William Richard, M.D. Lond., F.R.C.P., F.R.S., Physician to the National Hospital for the Paralysed and Epileptic, and formerly Professor of Clinical Medicine at University College.

Horsley, Victor, F.R.C.S., F.R.S., Professor Superintendent of the Brown

Institution; Surgeon to the National Hospital for the Paralysed and Epileptic, and Assistant Surgeon to University College Hospital.

Hutchinson, Jonathan, F.R.C.S., F.R.S., President of the Royal College of Surgeons of England, and for many years Surgeon to the London Hospital, to the Royal London Ophthalmic Hospital, and to the Hospital for Diseases of the Skin, Blackfriars.

Mackenzie, Stephen, M.D. Aberdeen, F.R.C.P., Physician to the London Hospital, and Lecturer on Medicine in the London Hospital Medical College.

Marshall, John, F.R.C.S., F.R.S., President of the General Medical Council, Ex-President of the Royal College of Surgeons; for many years Professor of Surgery at University College, and Surgeon to University College Hospital.

Quain, Richard, M.D., Lond., F.R.C.P., F.R.S., Physician Extraordinary to Her Majesty the Queen; for many years Physician to the Consumption Hospital at Brompton.

Tuke, John Batty, M.D. Edin., F.R.C.P. Edin., F.R.S.E., Representative of the Royal College of Physicians of Edinburgh in the General Medical Council; formerly Morisonian Lecturer on Insanity in the Royal College of Physicians, Edinburgh; Lecturer on Insanity in the Royal College of Surgeons, Edinburgh; Ex-Superintendent of Fife and Kinross District Asylum.

Whipham, Thomas Tillyer, M.D. Oxon., F.R.C.P., Physician to St. George's Hospital, and Lecturer on Medicine in St. George's Hospital Medical School.

By the time the examination of the three first witnesses, Dr. Batty Tuke, Sir J. T. Banks, and Sir J. Crichton Browne, had been concluded, the Committee were in a condition to determine approximately the points upon which they chiefly desired to obtain information. They therefore prepared the annexed schedule of questions, and sent it to each subsequent witness prior to his examination, in order that the points indicated might receive his attention, and that he might reflect upon them before replying. It is obvious that some of these questions related to matters which would lie beyond the experience of some of the witnesses, each one of whom, therefore, was asked to express his views only upon such as he might select for the purpose. The questions were as follows:—

COMMITTEE ON A HOSPITAL FOR THE TREATMENT OF INSANITY.

Witnesses will be requested to reply, as far as they may feel able to do so, to the following questions:—

1. The inquiry referred to this Committee is, whether it would be desirable to establish, as a complement to the existing asylum system, a hospital with a visiting medical staff, for the study and curative treatment of insanity. Have you formed an opinion upon the general question in relation—

(a) To the suggestion that the recent progress of medical science, with regard to the causes, prevention, and cure of insanity, has not been commensurate with its progress in other directions, and especially in those which bear upon diseases of the brain of other kinds?

(b) To any increased probability of successful treatment of the cases admitted into such a hospital?

(c) To any probable increase of knowledge with regard to the causes, prevention, and cure of insanity?

(d) To any advantages which might arise from affording to the members of the medical profession increased facilities for the study of insanity, and for rendering themselves better qualified than at present for the discharge of their legal responsibilities with regard to it?

(e) To any probable eventual saving to the community which such a hospital might be the means of effecting, even although the cost of its establishment and maintenance were considerable?

2. Assuming such a hospital to be desirable, in what respects should it differ, in organisation or internal arrangements, from an ordinary hospital for the treatment of other forms of disease?

3. Assuming that such a hospital, at the commencement of its work, might be regarded as in some degree experimental, what would you consider to be the smallest number of beds, say equally divided between male and female patients, by which its usefulness could be fairly tested? Of such beds, how many might be placed in a ward; and how many patients might be allowed the use of a single day-room?

4. In relation to the above-mentioned number of beds, what number of visiting medical officers would be required?

5. In what proportions should this number be composed of physicians and of surgeons; remembering that, in addition to the ordinary surgical casualties of an institution, there would no doubt be cases of insanity (for example, cases following injury), in which trephining, or some other surgical procedure demanding eminent skill, would be required?

6. Would it be desirable to increase the staff by the addition of specialists? and, if so, in what departments?

7. Is it important that the members of the visiting medical staff should also hold office in general hospitals?

8. In a hospital of the size suggested, what resident medical officers, and what (if any) non-medical resident superintendence, would be required?

9. To what extent would it be possible, and, if possible, expedient, to replace male attendants, in the male wards, by trained female nurses, under the direction of a properly qualified lady superintendent?

10. Would it be desirable, in the first instance, to establish an out-patient department, or should this be left for future consideration?

11. Would it be desirable to admit recent cases of insanity indiscriminately, in the order of their occurrence, or should a selection be made, either from among such recent cases, or even from among those already in lunatic asylums? If such a selection were made, should it be limited to "acute" cases, or should it include (for example) epilepsy and general paralysis?

12. Should there be any customary limit of time, beyond which a patient should not remain in the hospital, except at the express desire of a medical officer?

13. Assuming that the hospital would be supported by the rates, would it be desirable, as the assertion of a principle, that the members of the visiting medical staff should receive payment?

14. A rate-supported hospital being primarily intended for paupers, would it be desirable to make arrangements by which the benefits of the one now proposed might be extended to other classes of the community, by payment or otherwise?

15. Under what regulations should pupils be admitted to see the practice? and should their fees be received by the medical staff, or by the hospital? To what extent would it be possible to establish student appointments, as clinical assistantships and the like, in connection with such a hospital?

16. Considering that the proposed hospital must necessarily be situate in London, where it would be impossible to obtain any large area of exercising ground, except at an enormous cost, would the probable benefits to the inmates be such as to counterbalance the possible ill effects of confined space and of the London atmosphere?

17. Would it be desirable to appoint a highly qualified Pathologist, as a paid officer, for the purpose of conducting investigations into morbid changes, and of otherwise assisting the staff in the work of scientific research?

18. Would it be desirable to provide for the delivery of systematic courses of lectures by the staff, in order to diffuse, as widely as possible, the results of their investigations?

When all the above-mentioned witnesses had appeared before the Committee, it was felt desirable to obtain expressions of opinion from the actual superintendents of asylums. It was therefore determined to frame simple questions, which would enable these gentlemen to declare themselves with reference to the principle at issue, and also as to whether they would be willing to give *visà voce* evidence if requested to do so; the desire of the Committee being to call any of them whose written replies might be suggestive of any new aspect of the matter under consideration. The questions were as follows:—

1. Is it your opinion that the organisation of public asylums for the insane, as at present conducted, makes sufficient provision, or allows sufficient opportunity, for the investigation of the pathology of insanity by the light of modern methods of research, or for the careful adaptation of medical or surgical treatment to the cases of individual patients?

2. If you recognise deficiencies in the directions indicated above, is it your opinion that they might be supplied, at least to some extent, by a hospital in London in which the work of the resident medical officers would be supplemented by that of a sufficiently numerous medical and surgical visiting staff, and by that of a skilled pathologist?

3. Would it be agreeable to you, if requested, to appear before the Committee as a witness?

These three questions were sent to every medical superintendent of a public asylum in England and Wales, and to a few other persons of admitted authority, as, for example, to Dr. Lockhart Robertson, to Dr. Savage, and to Dr. Dunlop, the medical officer of St. Pancras Work-

house, who has possessed unusual opportunities of observing, from outside of an asylum, the actual working of the present system. Sixty-five replies to these questions were received and analysed, and the substance of them will be stated hereafter; but the Committee have seen no sufficient reason for inviting any of the gentlemen who have answered to attend. It was after full consideration of the written and *vivâ voce* evidence that the Committee, in their report to the Council of the 17th of October, expressed their readiness to recommend the establishment of the proposed hospital, but suggested, at the same time, that they should be instructed to prepare and print a more detailed report. In compliance with the resolution by which this suggestion was adopted, the Committee now beg leave to offer the following observations for the consideration of the Council.

Before proceeding to discuss the precise question submitted to the Committee, it may be desirable to clear the ground by calling attention to certain preliminary considerations.

The general conception of insanity, as it obtains among non-medical persons, is apt to be somewhat obscured by the survival of antiquated and misleading forms of speech, of which the phrase "diseases of the mind" may be taken as a typical example. The general belief, that the intellectual faculties of the human race have their foundation in something which is beyond the sphere of material agencies, not unnaturally tended to produce an impression, in pre-scientific times, that this unknown something was itself concerned in any deviation of those faculties from their natural state or modes of activity; and thus the thoughts of men were turned away from the material instrument of the faculties in question, the brain, which is open to investigation, and were directed towards an unknown and mysterious spiritual element, which, in the present state of knowledge, eludes investigation. It may now be taken as established, that all the forms of insanity with which we are acquainted are the direct result of material changes affecting the instrument of thought, the brain; and that, in considering insanity with reference to preventive or curative treatment, these material changes are all that need be taken into account. A man walks lamely because he has a weak, or a diseased, or an injured leg. He thinks lamely because he has a weak, or a diseased, or an injured brain. In both cases alike, the restoration of the affected organ to health and strength will be followed by restoration of its power to perform its proper function. The readiness with which the thinking power may be disturbed by a slight alteration in the condition of the fluids of the body is abundantly shown by the phenomena of intoxication, either by alcohol or by any of the various forms of narcotic poison; and the absolute dependence of the activity of the brain upon physical conditions, which are liable to be easily disturbed, has been proved by many striking and instructive examples. There is a well-authenticated case of a sailor who, during the course of a naval engagement, was asked a ques-

tion by one of his officers. The man had begun his reply, when he was struck upon the head by a bullet or other missile, and fell senseless on the deck. He was taken below, and lived, but remained unconscious. He breathed, and, when food was pushed towards the back of his tongue, he swallowed automatically ; both of these being acts which, in such conditions, would be effected by the agency of the spinal cord, and not by that of the brain. In this state he remained for a long period ; and, if his nurse had neglected to feed him, he would have been starved to death without knowing it. When his ship returned home, he was taken to Haslar Hospital, where it was found that he had sustained a depressed fracture of the skull, and that a considerable area of bone was pressing upon his brain. He was trephined ; and, as the piece of depressed bone was lifted, he finished the reply to his officer which he had commenced some months before.

Assuming, therefore, that all we have to consider, in relation to insanity, is the existence of disease of the brain, it is necessary to ask ourselves what is the meaning of "disease". In the case of the sailor, it was only an altered physical condition, an increase of pressure ; and this was enough, not merely to impair power, but absolutely to abolish it. Many years have passed away since Miss Nightingale pointed out the inaccuracy of what she described as a popular belief, namely, that "diseases are entities, like dogs and cats" ; but this popular belief is very far from being eradicated. Physicians know that the sum of life is made up of a vast number of operations, which are more and more being referred to physical laws, and less and less to any specially vital endowments. Disease, for the most part, is only derangement of one or more of these operations, or loss of harmony between them, occasioned by some change in the conditions in which they are performed, but leaving them subject to the same physical laws as before. If the physics of the animal body were as well understood as the physics of the stellar universe, we should be able to explain the perturbations which constitute disease, just as Adams and Le Verrier were able to explain perturbations in the movement of Uranus. Disease is but the operation of ordinary law under changed conditions ; the changed conditions, for the most part, being such as to lead to the excessive, defective, or perverted performance of some normal function. The resulting consequences may be trivial or severe, localised or diffused, according to the character of the changes and to the part in which they originate. In many instances the changes are due to the intrusion of minute living organisms, as in the eruptive fevers and in some other maladies. In many, they are due to the arrest, by external conditions, of the function of some organ, and to the consequent oppression and failure of others, by which that function has been performed vicariously. Thus, exposure to severe cold may be followed by disease of the kidneys, which suffer injury in consequence of their endeavour to make good the arrested function of the skin. In others, again,

the changes are due to the habitual overtaxing of some organ by its owner; as when the brain gives way under the stress of too much study, or when gout is an effect of too much eating or drinking, coupled with insufficient exercise; the patient in the last case being poisoned by an accumulation of waste materials which, through his own folly, have been produced in excess of the power of his body to cast them off. However occasioned, the changes which constitute disease possess the common character of being subject to the same laws as those by which bodily operations and changes are governed when in health; insomuch that the only clue to the nature of disease is furnished by research into the nature of normal function. The more we learn of the daily chemical, electrical, and other physical changes which occur within the body, the nearer we approach to a comprehension of the circumstances and methods by which these changes may be disturbed.

Diseases, perhaps even including those produced by living organisms, are therefore properly described as being states, and not things; and these states have a frequent tendency to return to the normal course. On this tendency depends the power of recovery or repair, which exists throughout animated nature, which seems to be a residue, so to speak, of the power of growth inherent in the germ, and which is preserved, other things being equal, in very close proportion to the youth of the individual, and in almost inverse proportion to the elevation of that individual in the scale of living creatures. Certain worms not only survive division into parts, but each part may become capable of independent existence. Crustaceans reproduce entire limbs. The human species is able to heal wounds, even of great severity; to survive serious mutilations; to survive large loss of blood and to repair the loss; to survive great temporary derangement of function; to survive changes incidental to the introduction, multiplication, and expulsion of living organisms; and to recover when the disturbed functions are once more performed in a natural manner.

"Disease", then, is simply "variation", variation from an ideal standard of health; and this variation, according to its kind or its degree, or to the part in which it exists, may tend either to recovery or to premature dissolution, and may be more or less controllable by external influences. As no two human bodies are the same, nay, as even the same body is not at any given time identical with its former self, and as the external forces operating upon two individuals, climatic, seasonal, and other, can only seldom be the same, it follows that no two cases of disease can be absolutely alike. But nevertheless, inasmuch as certain departures from physiological modes of life are common, forced upon numbers of people by stress of circumstance, or pleasant as matters of indulgence, the variations which these departures are likely to produce are also common, and bear a general resemblance to each other. In this way the variations may be classified and described by general names, as rheumatism, gout,

insanity, and so forth ; but no two cases of either are precisely alike in all their details, or call for precisely the same treatment, even when occurring at different times in the same individual. The highest skill of the physician is to see the personality of the sick man through the malady, and to apply his resources to the treatment of a patient, rather than to the cure of a disease. It follows, first, that the art of the physician is one of extreme difficulty, because it deals with a large number of conditions which never precisely repeat themselves ; and, secondly, that statistics in relation to the results of treatment are only valuable when they cover sufficient ground to avoid errors arising from the essential unlikeness of the things which are compared. For example, the statistics of to-day might be deceptive for the purpose of establishing the value or otherwise of a particular mode of treating insanity, if a comparison were made between two asylums, one in a manufacturing and the other in a rural district ; but the statistics of to-day are extremely valuable for the expression of general results, when we compare them with those of twenty or of fifty years ago.

Physicians are acquainted with large classes of morbid processes which appear to have their origin in disturbances of the proper qualities of the fluids of the body, disturbances by which important changes of function are at once produced, and which, if not speedily corrected, often go on to the production of still more important, because generally permanent, alterations in the composition of the solid tissues. Such successions of morbid processes, notwithstanding an essential underlying similarity, may affect very different organs and may produce very different symptoms ; may be said, indeed, to constitute entirely different diseases. A sufficient illustration may be found in a comparison between insanity and acute rheumatism.

In acute rheumatism, or, as it is often called, "rheumatic fever", the initial phenomenon appears to be the formation of certain acid products in the blood, and their accumulation within the system. They presently produce great elevation of temperature, together with great swelling, pain, and immobility, of the principal joints. In some cases, and under certain conditions, these symptoms subside as the morbid products are expelled, and the patient recovers without injury. In other cases, not only the joints, but also the lining membrane of the heart may become affected, and then structural changes may be produced in its valves by which their working is permanently impaired. The patient may drag on an enfeebled existence for years, but at length the impediment to the heart's action overcomes the powers of vital resistance, and death ensues.

In the case of insanity, it is at least highly probable that the initial changes are analogous to (although unlike) those of rheumatism. In other words, they probably depend upon an alteration in the character of the blood, or of the fluids formed from it, by which the cells of the brain are stimulated to activity. Nervous action bears at least a rough

and general resemblance to galvanic action, and is a consequence of the reciprocal influences exerted upon each other by the nerve cells and by the fluid which they contain or which surrounds them. A slight modification in the character of the fluid, such as can be experimentally produced at any time, modifies the character of the resulting action. A minute portion of the vapour of chloroform, or of ether, or of many similar agents, introduced into the blood, produces at first excitement, then torpor, and ultimately, if the quantity used be sufficient, even death. A well-known poisonous fungus produces mental excitement; and a return to the normal condition is coincident with the elimination of the poison from the system. Opium produces sleep; and if the dose be sufficient, the sleep is liable to pass into death. If the drug be habitually taken, in doses which are individually not fatal, a different set of results will be produced. Natural sleep appears to be due to contraction of the arteries of the brain, by which the organ receives a diminished blood supply, and is thus brought into a state of diminished activity. Opium produces a similar contraction of the arteries; and this action is employed, not only to produce sleep, but also, in surgical operations upon the brain, to diminish the amount of bleeding from its structure. In the single excessive dose, the blood supply and hence the activity of the brain are not only diminished, but the diminution is carried to such a point as to be incompatible with the continuance of life. In the frequently repeated doses of the habitual opium-taker, the diminution is not carried to the extent of destroying life at once, but, by habitually reducing the blood supply below the point which is required to preserve the brain in health, the opium leads ultimately to degeneration of structure.

A yet more common and more familiar illustration of the way in which alteration of the fluids of the body will produce, in the first place, alteration of the functions of the brain, and as an ultimate result, alterations of its structure, is furnished by the phenomena of alcoholic intoxication. A healthy man gets drunk, and all the functions of his brain are immediately disturbed. Motion is impaired; his gait is unsteady, and his speech is inarticulate. Sensation is impaired; for he may fall down and bruise himself without showing any sense of having sustained injury. Thought is impaired; for he is incapable of reasoning correctly. All these changes are due to the addition of a minute quantity of alcohol or, to speak more correctly, of alcohol and other compounds, to the mass of his circulating blood. We have little practical knowledge of the effects of pure alcohol, which does not exist in any ordinary beverage. In different liquids the alcohol is associated with different ethers or other compounds, which modify its effects; so that the intoxication produced by one alcoholic drink presents points of difference from the intoxication produced by another. But all are alike in this, that the effects of a single debauch, unless it be carried to

the extent of producing death, will be completely recovered from as the alcohol is gradually eliminated from the system. After the lapse of a few days, the body of the man who was drunk will not be found to have sustained any appreciable injury. He will be as completely master of his faculties as he was before the alcoholic drink was consumed. But, when drunkenness becomes habitual, we speedily find structural alterations engrafted upon the repeated disturbance of function.

The late Dr. Moxon, in a very remarkable essay on the question : "Why did he become a drunkard?" wrote as follows :—

"When the sot has descended through his chosen course of imbecility, or dropsy, to the dead-house, morbid anatomy is ready to receive him—knows him well. At the post-mortem she would say, 'liver hard and nodulated, brain dense and small ; its covering thick'. And if you would listen to her unattractive but interesting tale, she would trace throughout the sot's body a series of changes which leave unaltered no part of him worth speaking of. She would tell you that the once delicate, filmy texture which, when he was young, had surrounded like a pure atmosphere every fibre and tube of his mechanism, making him lithe and supple, has now become rather a dense fog than a pure atmosphere—dense stuff which, instead of lubricating, has closed in upon and crushed out of existence more and more of the fibres and tubes, especially in the brain and liver; whence the imbecility and the dropsy.

"And morbid anatomy would give evidence that such was the state of the drunkard long before he died. So that in vain you get him to sign the pledge. He signs too easily, because his brain is shrunken and therefore he cannot reflect. And he breaks his pledge immediately, because his brain is shrunken and its membranes are thick, and therefore he has no continuity of purpose and will. The lunatic asylum is truly the only proper place for him. But, unhappily for his friends, he has partial intervals of sottish repentance; and the law chooses to do nothing to protect them from the curse and ruin of his presence".

We may take yet another illustration from a disease which was once common, but which, in consequence of its causes having been discovered and removed, has now ceased to exist. In the medical text-books of the beginning of the century much space was devoted to what was called "colic", or often "Devonshire colic", from its being especially common in that part of England. The disease was attended by severe abdominal pains and other symptoms; and, in those who had suffered several attacks, it was often followed by paralysis of the muscles of the forearms, by which the hands were rendered useless. At length it was discovered that "Devonshire colic" was simply lead poisoning, produced by the manufacture of cider in leaden vessels; and, when the use of these was discontinued, the disease ceased to exist. The interesting point about it is that it was occasioned by the introduction of a foreign ingredient into

the blood, and that the paralysis, after it had existed for a certain time, was rendered incurable by the occurrence of structural degeneration in the muscles which were affected.

Now what may be called the natural history of insanity points clearly towards the existence of conditions analogous to those which have been above referred to. It does not do to push analogy too far; but we may recognise, as facts beyond dispute, that insanity is frequently recovered from, and that, in cases which are not recovered from, structural changes in the brain are commonly discovered at a *post mortem* examination. It is legitimate to infer that a functional change, due to some disturbance of the proper relations between the solid and fluid constituents of the brain, is the first departure from health in many cases of insanity, and that structural change is only consecutive to the former. It is also legitimate to infer that, prior to structural change, recovery is possible, or at least conceivable, in every case; but that, when structural change has occurred, or has passed beyond certain limits, recovery is no longer possible or conceivable.

By reasoning in this way, it is not difficult to regard insanity as one member of an extensive family of morbid conditions, other members of which have to a great degree been brought under the control of medical science. It is therefore necessary to inquire as to the methods by which success has been attained in these other instances; and to inquire, further, in what degree the same methods may be applicable to insanity.

The great amount of disease which still exists amongst us, and the misery and premature death which it occasions, are such conspicuous phenomena of social life that they are very apt to lead non-medical observers to forget what has been accomplished in their contemplation of what still remains to be done; and it is therefore worth while to direct attention to some of the achievements of medicine since the period when, by Harvey's great discovery of the circulation of the blood, it was for the first time placed upon a basis of scientific inquiry.

The chief facts relating to current beliefs concerning disease and its causes, which were prevalent in this country, and in Europe generally, during the Middle Ages, have been recently summarised in a highly interesting lecture by Dr. Cheadle, from which the following passages may be extracted. After quoting Mr. Herbert Spencer in order to show "how many of our bodily ailments might really have been prevented, at some point or other in the chain of events which led up to them, if only the causes had been understood at the time, and the necessary measures to avoid the evil taken at the right moment",

Dr. Cheadle proceeds:—

"The progress of knowledge of the laws of health was terribly hampered until comparatively recent times by the superstition and credulity which prevailed almost universally. The most absurd and extraordinary delusions held sway as to the causation and origin of disease; the credulity of even

the more educated classes was unbounded. So long, for example, as all the evils which befel mankind from want, or exposure, or filth, or unhealthy habits of life, were unhesitatingly believed to be due to supernatural causes, the possibility of preventing or controlling these evils by good food and pure air, and pure water and temperate habits, never suggested itself. Until established superstitions and delusions were swept away it was impossible for a rational system of hygiene to come into existence.

"In the early ages of mankind, when knowledge was small and confined to the learned few, the natural curiosity of the human mind as to the origin of diseases had to be satisfied with fanciful and arbitrary guesses. This mystery of the cause of disease, like all other mysteries of nature, was solved by the supposition of innumerable supernatural beings or influences, according to whose caprice men were benefited or injured, punished or rewarded. Neither the learned few nor the ignorant masses could understand invariable laws.

"If an eclipse took place, a dragon was supposed to have swallowed up the sun. If an earthquake occurred, some demon was presumed to be at work beneath the surface of the ground. When a pestilence raged, the invisible arrows of an offended deity struck down the victims. The plague was due to the deadly touch of a black spirit or a white spirit. If the former, the disease was inevitably fatal; if the latter, recovery was possible—a current belief at one time amongst the Mahomedans.

"In the Middle Ages, if a man suffered from serious pain in the head, or in the region of the heart, a witch was at work inflicting these tortures by sticking pins into a wax image made to represent the sufferer. Other maladies were explained in similar fashion, and when this form of superstition was at its height, and the belief in magic and witchcraft general and profound, terrible atrocities were perpetrated in punishment of those who were supposed to plot evil against their fellow-men by direct compact with, and assistance from, the devil. Thousands of innocent people were burnt or drowned as witches or sorcerers for causing, by unholy incantations or secret poisonings, disease and death, due in reality to foulness and gross neglect of sanitary laws. Sometimes the murder was wholesale. Two thousand Jews are said to have been burnt at Strasburg, and twelve thousand were put to death at Mayence in the fourteenth century for causing pestilence, *i.e.*, the plague, by poisoning the wells. The Jews, probably by reason of the superior hygienic conditions enforced by their ceremonial law, appear to have escaped epidemics from which the Christians suffered, and this immunity led to their being suspected of causing the disease in others from which they themselves remained free.

"Another accepted explanation of the origin of disease was the malign influence of the stars and planets.

"In this same fourteenth century Guy de Chauliac, the celebrated French surgeon and physician, the medical adviser of three successive Popes at Avignon, and one of the most able men of his time, attributed

the outbreak of plague to the influence of three great planets, Saturn, Jupiter, and Mars, entering into conjunction in Aquarius on the 24th of March 1345.

“The origin of the terrible epidemic of Black Death about the same period (probably black typhus or black malignant typhus, or putrid fever) was explained on similar principles.

“The College of Physicians of Paris held a solemn inquiry into the causes of the disease and the proper mode of dealing with it. The conclusions at which they arrived are curious, and sound oddly in our ears now as an utterance from the fountain head of science. They attributed the epidemic to a struggle between the constellations, the sun, and the waters of the Great Sea, giving rise to a pestilent and deadly vapour or mist. Their manifesto was as follows:—

“‘We, the Members of the College of Physicians of Paris, after mature consideration and consultation on the present mortality . . . make known the causes of this pestilence more clearly than could be done according to the rules and principles of Astrology and Natural Science. We therefore declare as follows:—

“‘It is known that in India and the vicinity of the Great Sea the constellations which combated the rays of the sun and the warmth of the heavenly fire, exerted their power especially against that sea, and struggled violently with its waters; hence vapours often originate which envelop the sun and convert his light into darkness. These vapours rose and fell alternately for twenty-eight days; but at last sun and fire acted so powerfully on the sea that they attracted a great portion of it to themselves, and the waters of the ocean arose in the form of vapour; thereby the waters were in some parts so corrupted that the fish which they contained died. These corrupted waters the heat of the sun could not consume, neither could other wholesome water, hail, or snow, or dew originate therefrom. On the contrary, this vapour spread itself through the air in many places on the earth and enveloped them in fog. Such was the case all over Arabia, in a part of India, in Crete, in the plains and valleys of Macedonia, in Hungary, Albania, and Sicily. Should the same thing occur in Sardinia not a man will be left alive. The like will continue so long as the sun remains in the sign of Leo on all the islands and adjoining countries to which this corrupted sea wind extends or has extended from India. If the inhabitants of those parts do not employ and adhere to the following or similar means and precepts, we announce to them inevitable death, unless the grace of Christ preserve their lives.

“‘We are of opinion that the constellations, with the aid of Nature, strive, by virtue of their Divine right, to protect and heal the human race; and to this end, in union with the rays of the sun, acting through the power of fire, endeavour to break through the mist. Accordingly, within the next ten days and until the 17th of the ensuing month of July, this mist will be converted into a striking deleterious rain, whereby the air will be much

purified. Now, as soon as this rain shall announce itself by thunder or hail, every one of you shall protect himself from the air; and, as well before as after the rain, kindle a large fire of vine wood, green laurel, or other green wood. Wormwood and chamomile should also be burnt in great quantity in the market-places, in other densely-inhabited localities, and in the houses, until the earth is again completely dry, and for three days after no one ought to go abroad in the fields.'

"Such was the view taken in the fourteenth century by the scientific authorities of the time of the causes of the plague, and the hygienic measures to be adopted to arrest its ravages. The Black Death was in reality a malignant contagious fever, bred and nurtured by filth. But all were agreed that diseases were produced by witchcraft, sorcery, magic, or the evil conjunction of planets, and they were combated accordingly. Monks, witches, conjurers, and fortune-tellers were the chief advisers on questions of health. Diseases were prevented or cured by relics, or cabalistic words, or the magic influence of special substances. Thus the yellow powder of turmeric was the remedy for jaundice, simply because it was yellow; saffron the remedy for measles, because of similar colour to the eruption; and the use of saffron tea for this complaint still survives amongst the poor. Scarlet bed-curtains were a remedy for scarlet fever or any disease accompanied by a red eruption, and the grandfather of Maria Theresa died of small-pox, wrapped, by order of his physicians, in twenty yards of scarlet broadcloth! The lung of the long-winded fox was the remedy for asthma and shortness of breath. The heart of a nightingale, the bird which forgetteth not her song, was prescribed for loss of memory. The royal touch was the specific for scrofula or king's evil, and John Brown, Surgeon to King Charles II, wrote a treatise on the royal gift of healing strumas by the imposition of hands. Charles II touched altogether 92,107 diseased persons during his reign, or an average of about 4,386 a year. This delusion actually held its ground until the eighteenth century, when the great lexicographer, Dr. Samuel Johnson, was touched by Queen Anne."

If we come to a more recent period, Macaulay describes the middle of the seventeenth century as a time when, in England, "men died faster in the purest country air than they now die in the most pestilential lanes of our towns, and when men died faster in the lanes of our towns than they now die on the coast of Guiana."

He further tells us that "Every bricklayer who falls from a scaffold, every sweeper of a crossing who is run over by a carriage, may now have his wounds dressed and his limbs set with a skill such as, a hundred and sixty years ago, all the wealth of a great lord like Ormond, or a merchant prince like Clayton, could not have purchased. Some frightful diseases have been extirpated by science, and some have been banished by police. The term of human life has been lengthened over the whole kingdom, and especially in the towns. The year 1685 was not accounted sickly; yet in the year 1685 more than one in twenty-three of the inhabitants of the Capital died.

At present (*i.e.*, in 1845) only one inhabitant of the Capital in forty dies annually. The difference in salubrity between the London of the nineteenth century and the London of the seventeenth century is very far greater than the difference between London in an ordinary year and London in a year of cholera."

After the lapse of forty years from the date of Macaulay's writing, that is, in 1885, the average annual metropolitan mortality was reduced from the death of one inhabitant in forty to that of one in fifty-one, a reduction not very far short of that of the previous one hundred and sixty years, and effected notwithstanding the opposing influence of an enormous increase of population. In the five years from 1838 to 1842, London had an average population of 1,840,865 persons, and an average annual mortality of 2,557 in every hundred thousand. In the five years 1880 to 1884, London had an average population of 3,894,261, and an average annual mortality of 2,101 in every hundred thousand. If the rate of mortality in the second of these periods had been the same as in the first, 17,328 people would have died in the Metropolis in each of the five years, who, as events actually occurred, were preserved alive. In the year 1888, taken alone, the estimated population of London was 4,282,921, and the deaths were reduced to 18.4 per thousand persons living, or one in 54 of the population. In other words, the deaths of the year were fewer, by 11,000, than the annual average of the preceding ten years, calculated upon the same population. The deaths of children under one year of age were reduced during the same decennial period, from an annual average of 154 to every thousand births, to a proportion for the year 1888 of 147 per thousand.

The mean annual death-rate for England and Wales, from 1838 to 1847, was 22.16 per thousand, and the mean annual death-rate from 1876 to 1885 was 20.07 per thousand. If the mortality in the latter period had been as high as in the former, the deaths would have been more numerous than they were by over half a million, or, to speak precisely, by 550,191. In the year 1888, taken alone, the death-rate for England and Wales was 17.8 per thousand, which, on an estimated population of 28,628,804, implies that the deaths were less by 57,256 than the annual average number during the decennium which the year in question brought to a close. In the same decennial period, the deaths of children under one year were reduced, from an annual average of 143 per thousand births, to 136 per thousand in 1888. The facts may be summarised by saying that, during the present reign, two years have been added to the average length of life of males, and three-and-a-half years to the average length of life of females.

In respect of military experience, the results are still more striking. In the Crimean war, exclusive of men killed in action, we lost 1,761 from wounds, and 16,297 from disease; 10 per cent. of the whole invading force having died from disease in the single month of January 1855. In Egypt, in 1882, from July 17th to October 19th, out of an average strength of 13,013, with 7,590 admissions into hospital, there were only 79 deaths from

wounds and disease; and out of 1,500 cases of inflamed eyes, not one man lost his sight. In 1885, between March 1st and May 14th, there were only 17 deaths among the Suakim expedition of 9,944 men, with 2,047 admissions to hospital; and in the first Suakim expedition, in 1884, from February 15th to April 6th, with an average strength of 4,018, and with 314 admissions to hospital, there were no deaths at all.

If we turn now to the methods by which such results as these have been brought about, we shall find that they have been due to the observance of the maxim which was left by Harvey two hundred years ago, for the guidance of the College of Physicians, namely, that its Fellows should "search out the secrets of nature by way of experiment". In place of merely observing and treating symptoms, the whole tendency of modern medicine has been to go behind the symptoms in order to discover the changes underlying them, and to go behind these changes in order to discover the means by which they have been brought about. Laboratory research into the nature of function, into the precise character of the chemical, electrical, and other processes occurring in the body, has been the means of gaining a clue to the nature and causes of the beginnings of disease, and into the means by which these beginnings may be arrested and normal conditions restored.

The experimentation of the laboratory, however, would have remained barren of results, unless it had been supplemented by the further experimentation of the hospital. There is a popular delusion to the effect that hospitals are places supported by the comparatively rich, from motives of benevolence towards the comparatively poor, and that the latter, as represented by the actual patients, are the persons whom hospitals are intended to benefit, and to whom, indeed, their benefits are almost confined. The very reverse of this proposition would be nearer the truth, for hospitals furnish the sole means of medical education; and, but for them, there would be no doctors at all. There would be no advancement of medical science, for there would be no medical science to advance. The professors of the art of healing, if such there were, would be on the same plane with those who were satirised by Molière, and the pressure of redundant population would be tempered by periodical recurrences of pestilence. Without efficient hospitals as schools for students there would be no capable general practitioners; and, without efficient hospitals as schools for physicians and surgeons, there would be no men capable of performing difficult and delicate operations, or of investigating the most obscure conditions of disease.

The circumstances which enable hospitals to become the centres of medical progress, and the great promoters of the growth of medical science, should in no way be misunderstood or misinterpreted. These circumstances are, mainly, the facilities which they afford for observation, alike of the natural history and events of disease, and of the way in which these events may be modified by the action of remedies. Suppose, for example, that a physician wishes a certain observation, say of pulse, or of tempera-

ture, or of any other bodily condition, to be taken with minute accuracy every half-hour. In private practice, save under exceptional conditions, this would be impossible of accomplishment ; in a hospital, it at once becomes the duty of one of the clinical assistants. Suppose that the physician wishes some observation to be made upon a large number of patients suffering from the same disease, and living under the same environment, but in other respects differing from one another. The hospital affords him at once the patients, the environment, and the skilled observers. There can be no better illustration of the general principle than that which is furnished by the observation of temperature. Forty years ago, it was received doctrine that the internal temperature of the human body did not vary ; and that heat of skin was only skin-deep. The construction of an improved thermometer overturned this doctrine ; and the instrument is now absolutely indispensable to every medical practitioner, constantly giving the first warning of impending danger, and the first sign of commencing improvement. That medical men know what they do about it, how to interpret its indications in different diseases, and in patients at different periods of life, is solely due to the opportunities which hospitals have afforded, and to the indefatigable industry with which these opportunities have been employed.

The contention that the greatest use of hospitals is to promote the advancement of medical science, and to afford improved methods of recognising and of treating disease, is sometimes met by the well-meaning objection that it cannot be right to "try experiments" on patients ; and it is perhaps worth while to look at this phrase somewhat more closely. Much turns, of course, on what is meant by the word experiment ; for, in one sense, it is an experiment to do anything which in any degree departs from precedent. It must be borne in mind that what may be described as the sacredness of the patient is a feeling which underlies the whole course of medical training and practice in this country ; and that no British medical practitioner, or certainly none whose career and qualifications would entitle him to be entrusted with a hospital appointment, would ever either do or sanction the doing, to a sick person, of anything to which he would not himself submit in like circumstances, or which was not, in his judgment, calculated to be beneficial. Experiment, in this sense of the word, is merely the application of otherwise acquired knowledge one step further ; and hospitals allow such further applications to be made under the most favourable conditions. For instance, when the thermometer had been in use for a time, it was found that certain forms of disease, which tended very rapidly towards a fatal issue, were associated with great and sudden elevation of temperature. To check and control this elevation of temperature by the careful use of cold baths was, in a sense, an experiment ; but it was an experiment which sprang naturally from observation, and which proved so plainly beneficial that it at once became a recognised resource in practice, and one which has preserved numbers of valuable lives. It

would, from the first, have been a proper and justifiable procedure anywhere, in a private house as in a hospital, but the opportunities afforded by hospitals rendered it easy to determine the conditions most suitable for its employment, and the manner in which it could most effectually be applied.

Let it be supposed that the use of the cold bath in very high temperature had occurred, as a happy thought, or as an inference from previous knowledge, to some practitioner who was not a hospital physician, and had by him been successfully employed. He would no doubt mention the matter to his professional friends, but it would scarcely be known beyond his immediate circle, and perhaps a twelvemonth might elapse before he would be called to another case which afforded him an opportunity of again using and testing the method. Even if his experience were larger, and were made more widely known, it still would not possess the stamp of currency which hospital work confers. Any new thing of importance which is done in a hospital is at once noticed in the medical journals, is circulated wherever the English tongue is spoken, and becomes part of the knowledge of hundreds of men who are perfectly capable of using it in case of need, but to whom it might never have occurred as an original suggestion.

A visitor to the London Hospital, nearly forty years ago, bore curious testimony to the consequences of discouraging legitimate experiment. Prior to 1851, the disease called pneumonia, or inflammation of the lungs, was customarily treated by bleeding from the arm, and was not only attended by a very high rate of mortality, but also by very tedious recovery in even the most favourable cases. Dr. Hughes Bennett, of Edinburgh, had successfully treated a few cases without bleeding, and the then resident medical officer of the London Hospital had discussed the recorded histories of these cases with the physicians under whom he was acting. One afternoon, after the physician's visit, this resident medical officer admitted a man with acute pneumonia; and, for some reason founded upon his state and on the aforesaid discussion, refrained from bleeding him. On the next day, when the physician came, he approved of the course which had been pursued, and bleeding was not practised. The man not only got well, but made what was then thought a very rapid recovery. The hospital was never without pneumonia, and the physicians were encouraged to feel their way further in the same direction. The cases were carefully selected, and nearly all of them did well. Speaking generally, they were the first treated in London without bleeding, and they attracted much attention. The first great Exhibition brought many foreign visitors to London, and a physician from Florence, who saw some of these pneumonia cases, expressed himself as being greatly struck with the results. The remark was naturally made to him, "No doubt you will try this method yourself when you return home?" "No," he replied, "I cannot do that, for if a patient dies under my care, after I have done for him all that is customary, I have nothing to

fear ; but, if it were shown that I had omitted to do what was customary, I should be liable to civil damages at the suit of his relations."

Whatever was then, or may be now, the case in Florence, scarcely any one in England is at present bled for pneumonia ; while the mortality from the disease has become comparatively small, and convalescence is seldom unduly prolonged. Such has been the ultimate result of a hospital experiment ; and it is worth while to remember the conditions under which it was conducted. Until the principle was established, the patients were watched with the most unremitting care, both day and night ; all variations in their condition being noted with extreme solicitude, and with perfect preparedness to practise bleeding at any moment, if anything had occurred to justify a belief that such a course would be beneficial. Sir James Paget once acutely remarked that, when a new method of treatment was being put in practice at a hospital, the patients selected for it had always a better chance than others. Everyone concerned, from the head physician or surgeon to the dresser or the nurse, was so anxious that the new method should be tried fairly that, as a matter of fact, it was generally tried unfairly ; the patients receiving, from everybody, something more than their share of watchfulness and attention. It is difficult to say how this may be as a rule, but it is described as having been true of the experiment just referred to. That experiment, because it was conducted in a hospital, in the presence of a large body of students who were soon to go forth into the world to apply the knowledge which they had acquired, and in the presence of the reporters of the medical journals, sufficed, in a few months, profoundly to modify the course of medical practice in England. The patients whose lives were saved by the experiment itself are scarcely worth remembering, in comparison with the amount of good which has been indirectly effected through their means.

Coincidentally with the increase of knowledge by careful and legitimate experiment, the resources of the healing art have been enlarged of recent years by great improvements in the preparation of various substances used as medicine, and also by the more intelligent application of these substances which has sprung from accurate investigation of their precise effects upon the economy. Physicians now prescribe less to relieve a symptom than to change a condition ; and in many instances they are beginning to understand the *modus operandi* of the agents which they employ. Coincidentally with such advances of knowledge, there has sprung up a power to control by drugs many morbid conditions which only a short time ago were regarded as uncontrollable. Many chronic constitutional states admit of being profoundly modified by medicine ; and, in many cases of epilepsy, the fits may be kept completely in abeyance by the judicious use of bromides. Acute rheumatism, which five-and-twenty years ago was said to be curable only by "six weeks", is now often brought within the compass of six days by the skilful employment of the salts of salicylic acid.

There is yet another source of improvement which has sprung from hospitals, and that is the attention now paid to the environment of the patient by all that is summed up in the single word "nursing". Used in its most comprehensive sense, and in opposition to medical treatment, this word may be taken to express the removal of all conditions which could retard, and the establishment of all which could promote, the progress of recovery. Cheerful surroundings, external warmth, proper clothing, ventilation, cleanliness, proper feeding, all come within the terms of the definition, and all exert a powerful influence, the extent of which cannot be precisely estimated, in assisting recovery from disease. Such recovery is to be distinguished from cure; the former as being the result of natural forces which are allowed fair play by favourable circumstances, the latter as being the result of the skilful modification, by medicinal agencies, of the tendency to disease or to death. It is obvious that there are many conditions in which nursing alone is insufficient; but, even in these, it is none the less an important adjunct to the treatment which the conditions render necessary.

Turning now from these general considerations relating to disease in the widest sense, and inquiring how far they are applicable to those forms of disease which occasion insanity, it is found in the first place that insanity, roughly defining it as disturbance of the faculty of thought, is a state which is often recovered from under favourable conditions, but which, when it endures for a long period, is almost invariably attended by more or less structural degeneration of the brain. Considering that disturbance of thought may be produced, as we have seen, by the addition of small quantities of various medicinal substances to the blood, that the disturbance so produced is for a time recovered from as soon as the substance causing it is discharged from the system, but that, if the dose be continually repeated, the disturbance becomes more or less permanent, and is attended by structural change, we are surely entitled to infer, not only that insanity may be produced by an alteration in the fluids by which the brain cells are stimulated to activity, but that, so long as the alteration is limited to these fluids, the disturbance of thought may be recovered from if the fluids themselves are restored, either by the action of medicine or by the spontaneous efforts of nature, to their normal condition. We may also infer that a changed condition of the fluids, if long continued, may in its turn lead to structural degeneration of a kind calculated to render complete recovery, or even cure, altogether impossible. These inferences or hypotheses are in complete harmony with the facts made known by daily observation and experience; and may be accepted as affording at least a probable explanation of the manner in which the facts are brought about.

While it is shown by experience that the character of the blood, in relation to its action upon brain-cells, may be entirely modified by the introduction of deleterious ingredients from without, there is high proba-

bility that it may in like manner be modified from within, by the irregular or imperfect performance of some of the chemical or other changes which are always in progress within the body. As a result of certain recent investigations in animal chemistry, physicians are believing, at least provisionally, that the expenditure of force in living is attended by the formation of substances which are poisonous, but which are constantly removed by being burnt off by the oxygen which enters the blood in respiration. It is at least possible that the production of such substances in excess, or their partial and imperfect removal, may be the primary cause of many diseased conditions, those producing insanity among the number.

If we next inquire to what extent the treatment of insanity has shared in the progress which has been made in the treatment of other forms of disease, we shall find that its participation has been complete in regard to all which can be described as nursing, or care of environment, but incomplete in regard to any control by medicine or surgery of the morbid changes which may be in progress or in operation. In the Middle Ages, the insane were either totally neglected, or were imprisoned and treated with great cruelty. As fevers were attributed to the malign influences of certain planetary conjunctions, so insanity was attributed to the malign influence of the moon; and the present currency of the word "lunacy" in daily talk, as a survival of this superstition, while the names of Mars and of Saturn have disappeared from the popular vocabulary applied to other diseases, is alone an evidence of how much, in a scientific sense, the ordinary conception of the nature of insanity has lagged behind the conception of the nature of other morbid conditions.

In truth, the amelioration which has been brought about in the surroundings of the insane has been due rather to the progress of humanity than to the progress of medical science. It was perceived, in course of time, that the greatest of human calamities was something which ought to excite compassion, rather than fear or disgust; and compassion led naturally to kindness. Imprisonment was still necessary, in order to prevent the insane from injuring themselves or others, but the prison was converted into a place of shelter and safety, and it came to be called an "asylum". It was found that a favourable environment increased the percentage of recoveries, and such an environment was secured, and was from time to time improved in accordance with the teachings of experience. Medical men were employed to attend to the obvious bodily maladies of the inmates; and, after a certain period of friction and of divided authority, medical men were installed in the positions of chief superintendents. This may be regarded as having been the first step towards any public recognition of the fact that insanity is a bodily disease.

The more universally, however, the insane were shut up in asylums, the more completely were they and their maladies removed from the ordinary scope of medical observation, and from the influence of the progress of

medical science. In the judgment of a physician, the establishment of a single sound principle underlying the changes which lead to insanity, or the cure of a single patient by the skilful and judicious application of such a principle, would be a matter of more importance than the spontaneous recovery of a thousand under the influence of favourable surroundings; and the asylums, while they have made ample provision for the latter, have made comparatively none for the former. The superintendent of an asylum has usually entered one as a junior assistant, at the very commencement of his professional career, and has scarcely ever engaged in any other kind of medical practice. He has usually been appointed to his office because he has shown, in some smaller sphere of work, a conspicuous capacity for organisation and for the maintenance of discipline among a large body of subordinates. He is the head of an establishment containing many hundred insane inmates, and a numerous staff of attendants, labourers, and servants. The master's eye must never be long absent from any matter which is under his control. It would be impossible for him to engage in any kind of scientific research which required continuous observation, because it would be impossible for him to remain secluded in his laboratory. He is usually at some little distance from a town, and is thus removed from the constant interchange of ideas with men of his own profession. He is the holder of an office which he expects to retain until he can secure a similar but more lucrative one, or until, in the natural course of events, he retires upon a well-earned pension. His comfort depends upon satisfying his committee by the manner in which he discharges his administrative duties, concerning which they are competent judges, and not at all upon the manner in which he performs his purely medical duties, concerning which they cannot judge at all. In these circumstances, it is not unnatural that his administrative work should tend more and more to overshadow that which is medical, and that his ambition should be to have an asylum which is cited as a model of good management, rather than one which is in the van of scientific discovery. Moreover, it is well known, as a matter of experience, that the qualities of mind which produce the most capable administrators are by no means the same as, and are by no means even commonly associated with, the qualities of mind which lead to originality and accuracy in research. It follows, from the combined action of all the circumstances mentioned above, that the insane, practically speaking, have been somewhat thrust aside from out of the ordinary course of medical investigation, and that the medical aspects of their maladies have been neglected, when the attention given to these is compared with that which has been given to diseases of other kinds. In other words, the insane have been deprived of the benefits of the hospital system; and the pathological inquiries conducted in asylums have done little more than display, what no one doubted, that chronic cases of insanity are usually attended by grave structural changes in the brain, which, even in a comparatively early stage of their progress, would

render recovery difficult or even impossible. The same inquiries have further tended towards the multiplication of verbal distinctions between different forms of insanity ; a multiplication which, from the dawn of the history of science, has in all departments been a sign rather of stagnation than of progress.

In order to show that the foregoing description of the duties of an asylum superintendent, and of the numerous and conflicting claims upon his time, is in no way overdrawn, the following may be cited from the evidence given by Sir James Crichton Browne to the Committee :—

“Of course there are in some asylums, at this time, very able scientific medical men as medical officers, and there is a little scientific work going on ; but the medical and scientific work carried on in the largest asylum, nay, in all English asylums put together, cannot for one moment be compared, as regards its character or results, with what is done in the smallest London hospital ; and a large proportion of the cases that are admitted into county asylums in England do not get medical treatment at all : it is not attempted. Then, in regard to what is called ‘moral’ treatment—that is to say, personal influence, occupation, amusements, and the influence of surroundings,—instead of this being carried out individually, as of course it ought to be, and adapted to each case, it is carried out in a wholesale way. Instead of being fine-hand painting it is slapdashery. Amusements are provided, and crowds of patients are sent to them. I believe, on the whole, the effects of even this imperfect system are very beneficial ; but the treatment is not carried out on true principles. The duties devolving upon the medical superintendent are so numerous—he is called upon to attend to the choice of the staff ; he is responsible for the farm, for the commissariat, and for the clothing, and these and other functions interfere very much with his medical duties. Then, as a matter of practical experience, the medical superintendents of England have found that the committees of magistrates, who are their masters, are very much better able to appreciate the way in which they carry on the farm and attend to the finances or the general administration of the establishment than the way in which they do their medical work. This latter the justices are scarcely capable of judging of, and it used to be not an uncommon thing, in county asylums, for a young medical assistant, fresh from the schools, who had perhaps never seen a case of insanity in his life, to be put into one department, and given entire charge of it—many hundreds of cases being put completely under his medical guidance, while his chief, the superintendent, devoted himself to building or farming, and sometimes did not visit the wards for long periods together. I remember a case in a large asylum in the north, where a woman who had been in the asylum for four months, asked, when the medical superintendent came into the ward, ‘Who is that gentleman?’ She was told he was the medical

superintendent. 'Indeed,' she said, 'I thought he was the architect ; he only comes in when the chimney smokes, or the walls want papering, or something of that kind.' There used to be a great deal of that sort of thing—there can be no doubt about it.

"No one who is familiar with asylums in this country can dispute that medical superintendents have devoted themselves very largely to administrative work, and have been obliged to do so. When I was at the head of the West Riding Asylum, I had to sign cheques for £40,000 a year ; I had a staff of 200 nurses and attendants under my control, a large farm, a butcher's shop, a bakery and a brewery, weaving sheds, for we wove all our own clothes and made our own clothing, and all that I was responsible for. The magistrates looked to me to insure the efficient management of all these departments, and it was with the utmost difficulty I succeeded in getting any time for strictly medical and scientific work."

"Captain JAMES : And you consider the medical superintendent ought to be relieved from all drudgery?—A. I do, as far as practicable. I think that in the country asylums in England which are at distances from towns and medical schools, you must have a single medical head in charge, although the medical superintendents ought to be relieved to some extent of routine drudgery. But in London, near our great medical schools, the conditions are entirely different, and there is certainly room for an asylum conducted on the hospital system."

With these preliminary considerations, the committee may pass on to the suggestion actually submitted to them, which is neither more nor less than to place a certain number of the insane under conditions similar to those which have been conducive to progress in the study and treatment of other diseases : that is to say, to subject them to the ordinary influences of a hospital, and to bring the methods, the *personnel*, and the equipment of a hospital to bear upon the study and the cure of the changes which underlie, or occasion, their insanity. It is not proposed to surrender any of the advantages which an asylum now affords (unless it be those incidental to a rural situation), but simply to supplement them by others of which asylums have hitherto been deprived, or which they have possessed only in an imperfect manner, and which have been proved by experience to be eminently conducive to the advancement of knowledge with regard to the causes of disease, and with regard to the methods by which it may be prevented or cured. It must be remembered that, while this course can be pursued, with regard to all other diseases, by the agency of private charity, and of hospitals supported by voluntary contributions, it can only be pursued, so far as the insane are concerned, by those public bodies which are placed in charge of them by statute, and hence only at the public cost.

The eminent members of the medical profession who were examined

as witnesses by the committee, and whose names appear at the commencement of this report, were absolutely of one mind in the opinion that the proposed hospital was eminently desirable, that its establishment was likely to lead to increased knowledge of the causes and nature of insanity, and hence to better methods of prevention and of cure, and ultimately to a corresponding diminution in the heavy pecuniary burden which the malady now imposes upon the ratepayers. The following are extracts from the evidence given upon the main point, the witnesses being arranged in alphabetical order:—

Dr. CLIFFORD ALBUTT:—

“I may say shortly, that it is very desirable that such a hospital should be established, I will not say as a supplement to the existing asylum system, because I do not like the word ‘supplement’, but as a part of the existing asylum system. It is, I think, very desirable that a hospital should be established for the study and curative treatment of insanity.”

In reply to Question 1 (*b*)—

“I quite agree with the way in which it is put in that question; I believe that there is a highly increased probability of successful treatment of such cases if admitted into such a hospital, and that it would enormously increase our knowledge with regard to the causes, prevention, and cure of insanity. I also agree that it might offer very great advantages to the members of the medical profession, giving them increased facilities for the study of insanity and for rendering themselves better qualified than at present for the discharge of their legal responsibility with regard to it.

“I should like to say this—that at the present moment the treatment of insanity seems to me rather to have got to a dead point, and for this reason. There has been an enormous negative, or, as it might be termed, destructive movement in the release of patients from various bad forms of treatment—treatment given with the best possible intentions, no doubt, but treatment which we now recognise to have been extremely mischievous and mistaken. That destructive work is, perhaps, scarcely complete even yet, for there are remnants of restraint and seclusion which perhaps might be reduced yet further, or removed altogether. But it must be remembered that the system I have referred to has had a very tenacious life, and is dying a long and lingering death. But now, this negative or destructive work being almost complete, we, having got rid of most of the unnatural disabilities under which lunatics have suffered, are now reaching a point when some constructive work ought to be done which has as yet scarcely been consciously begun. We want a more positive treatment of insanity. Patients are now simply put under the best possible conditions for making their own recoveries—they are let alone, as it were, so that the natural course of events may be watched. This is, of

course, a very great improvement indeed upon earlier methods; but now we are, I think, waiting for a somewhat more directly constructive work. It will, perhaps, be sufficient for me on this point to say that I do not consider that as yet any modern system of treatment of lunacy is formulated at all. Again, I do not know whether in your questions you have dealt with a matter which I know we all regard as of the greatest importance, namely, the getting hold of early cases which otherwise drift into the incurable class.

"The next point of importance which occurs to me is the importance of teaching people that insanity is an ailment. It would be of enormous advantage to the public that the idea should be entirely got rid of that there is anything supernatural about insanity, or that it is something needing punishment. In every asylum I find lunatics imbued with the idea that they are undergoing punishment—that the treatment is an infliction cast upon them to punish them. Therefore, to teach both the public and the lunatics themselves that insanity is an ailment and should be treated as such, would be of enormous advantage."

Sir JOHN BANKS :—

"I think such a hospital would be of very great importance and of enormous advantage. I know that there are many men in the position of superintendents, who, if they were disembarassed of departmental work, might contribute to the advancement of medical knowledge; but they are so hampered that, in point of fact, it is with extreme difficulty they can devote any time to the investigation of disease."

Sir JAMES CRICHTON BROWNE :—

"I have a very strong opinion that the proposed hospital would be of very great public advantage. I think the establishment of a hospital of that kind—organised as ordinary hospitals in London are—would conduce to the scientific study of insanity in this country, and would lead to great improvements in treatment. It would create in London a body of men specially skilled in mental diseases and able to exercise that skill in their private practice, and I consider it would have a generally beneficial effect reflexly upon every asylum in the country."

Mr. BRYANT :—

"I have not the least hesitation in expressing my opinion that it is highly desirable that a hospital should be established, with a visiting staff, as I have a very strong impression that by such means the knowledge of diseases associated with insanity, and of insanity itself, will be increased in all ways; and if increased, the tendency towards cure will, at the same time, be very much enlarged; because knowledge and cure must go together. I may also add, that as regards (a), it will, of course, accelerate the progress of medical science generally,

both as regards the causes and treatment of insanity, for although there is a great deal known, still there is a great deal more to be learnt, and by the establishment of an institution such as you are considering, there is no doubt that knowledge will be very largely increased."

Dr. BUZZARD :—

"Q. What is your view with reference to any increased probability of successful treatment of the cases admitted into such a hospital?—

A. I think it is probable that the treatment will eventually be more successful than it is now.

"Q. Will you state your view with regard to any probable increase of knowledge as to the causes, prevention, and cure of insanity?—A.

I should say that the establishment of such a hospital would probably lead to increase of knowledge in that direction."

Sir ANDREW CLARK :—

"The establishment of such a hospital would almost certainly lead to a great advance of our knowledge of the natural history of insanity, and of the conditions upon which it depends, and therefore, naturally and necessarily, to a greater control of it by art."

Dr. FERRIER :—

"We have learnt a good deal of late years with regard to the objective functions of the brain, viz, the functions of motion and sensation, and their disorders, but as regards the subjective functions of the brain—the psychological aspects of cerebral activity—I think I may say we are practically in total ignorance. Much has been written on the symptomatology and classification of the various forms of insanity; but I think we really know nothing whatever with regard to the physical conditions underlying those manifestations. Until we are able to correlate mental disorders with their physical substrata, and this we are very far from being able to do, we cannot be said to possess any real knowledge on the subject, and therefore investigations and means of research calculated to elucidate these problems are greatly to be desired.

"I do not think that the present system of asylum management, under which the medical officers have not only the medical care of a relatively enormous number of patients, but also a host of administrative—many of them trivial—duties, is at all calculated to promote advance in this direction; and I have not the slightest doubt that a hospital for the insane, in which insanity shall be studied in the same manner and with the same scientific methods as are applied to general diseases in our hospitals, would greatly enlarge our knowledge on this subject, and, as a natural consequence, lead to more successful methods of dealing with it."

Dr. GOWERS :—

“It is absolutely certain, I think, that there has been no progress in the relation of knowledge of nervous diseases to insanity, commensurate with the progress in our knowledge of nervous disease and cerebral pathology itself. I cannot say that the knowledge of the treatment of insanity has not advanced, but I do not think that the advance is very conspicuous. Certainly it is not conspicuous as compared with the advance in neurology. But what strikes me specially is the want of progress in the relation of neurology to insanity. I should say that certainly great advantages might be expected to result from such an institution (as the proposed hospital), if properly managed and in an accessible position.”

Professor HORSLEY :—

“With regard to the first point, I would say that the progress of medical science with reference to the causes, prevention and cure of insanity, has certainly not been commensurate with the progress of medical science in other directions. Upon the second point, with reference to the increased probability of successful treatment of the cases admitted into such a hospital, so far as my experience goes, medical officers of asylums at the present time are so occupied with matters of administration, that they certainly have not the time to follow out the treatment of individual cases medically, and therefore the treatment is not likely to be so successful as it would be were this hospital established. Under these circumstances I think that if such a hospital were established, it would certainly lead to an increase of knowledge with regard to the causes, prevention, and cure of insanity.”

Mr. HUTCHINSON :—

“I do think that great advantage would accrue from having a hospital, in which patients suffering from insanity could come under the observation of physicians skilled also in general disease. I think that knowledge as regards causes, prevention, and cure of insanity would be likely to be very much increased by such a hospital.”

Dr. STEPHEN MACKENZIE :—

“There can, I think, be no doubt in the minds of all who are working at the subject, that it is very desirable that there should be some such institution as is sketched here (*i.e.* the proposed hospital). To go more into detail, on the lines of these questions, I would say that, in order that the study of mental diseases should keep pace with the general progress of medical science, especially neurology, it is very desirable that those who are practising in this branch of medical science should be brought more *en rapport* with physicians who are studying diseases of the nervous system and general diseases. I think it is admitted by nearly all neurologists that the bodily care of the

patients ought not to be subordinated to the psychological, to the very great detriment of the study of diseases of the mind; and I think there is no doubt that if the subject is studied more scientifically, it will lead to greater success in the treatment of the disease and to the advancement of knowledge."

Professor MARSHALL:—

"Although I am not a specialist, I think I may answer from my general knowledge that the progress made in regard to the causes, prevention, and cure of insanity, has not been equal to that which relates to the cure and treatment of paralysis, epilepsy, cerebral abscess, and tumours of the brain. I think it is decidedly the case that the subject of the special treatment of insanity has been left behind. With regard to question (*b*), judging from what one knows of the results of treatment of other diseases, it would be so; for the more thoroughly you can separate any patients, so as to study and watch and care for them, the more likely you are to ensure successful modes of treatment. I heartily approve of the design, and trust it will be carried out."

Dr. QUAIN:—

"I have no doubt, under these circumstances, (*i.e.*, in the proposed hospital) there must be an advance in the successful treatment of the cases admitted, and also an increase of scientific and practical knowledge."

Dr. BATTY TUKE:—

"I believe it would be of the greatest importance to establish such a hospital, and for many reasons, the chief one of which is, that I consider that the present general system of asylum management is not so thoroughly conducive to the scientific treatment of the insane as it should be; that a large number of classes of cases are at once relegated to the incurable class, and that little or nothing is done for them except to see that they live comfortably. I believe that if a hospital like this were established, in which the cases were considered on the same principles as those which obtain in general hospitals, very important results would be obtained—first of all in the acquirement of knowledge of the various conditions from which insanity arises; and, secondly, from great improvements in the system of treatment. I think those are the main reasons for my holding that opinion.

"Q. So that I may take it from you that you think the application of the ordinary principles of hospital investigation to the study of insanity would be likely to be fruitful of increased knowledge with reference to it, and of increased power, therefore, of dealing with it or of preventing it?—A. Undoubtedly. Another reason I may say is, that I think if you had such a hospital, you would be more likely to get cases coming into it in the earlier stage of the condition than in the

case of ordinary asylums; and it is, of course, the early stages of the various conditions which require special study."

Dr. WHIPHAM:—

"I will take the questions in their order on the printed list. With regard to (a), I perfectly agree that the recent progress in medical science has not been commensurate with progress in other directions, and especially with those that bear upon diseases of the brain of other kinds. Many coarse lesions of the brain have been treated of late years with very great success. For instance: tumours of the brain have been diagnosed (they have even been removed by operation) by means of the ophthalmoscope and other appliances. Progress, therefore, may be said to have been great in that direction; but progress with regard to the finer lesions of the brain has not been great up to the present time. With regard to the question of any increased probability of successful treatment of the cases admitted into such a hospital, I think that it may be expected that successful treatment would be greatly increased. In asylums the greater part of the duty of the resident medical officer is administrative, and thus the time which he can devote to his patients is curtailed. With regard to (c), I should say that it is an outcome of (b). If the treatment were successful, the increase of knowledge would go *pari passu* with it."

Having received the foregoing opinions from the witnesses who were examined *visà voce*, your Committee next proceeded to analyse the written replies received, from asylum superintendents and others, to the three questions which had been sent to them, and which have been given on p. 163. In doing so it became necessary to divide the answers to Question 1 into two parts, the first of which related to the investigation of disease, and the second to its treatment. In the conduct of the analysis, your Committee were confronted by difficulties familiar to examiners, due to the facts that some of the writers had abstained from answering the questions actually put to them, but answered others which had not been put, while the language of some was so ambiguous that their precise views were difficult to ascertain. For example, one gentleman replied to each of the two first questions by the single word "doubtful".

Your Committee were prepared to find, among asylum superintendents, a feeling of decided opposition to the proposed hospital; for, when the reference from the Council was first made public, a certain number of superintendents, without waiting to discover what evidence might be brought before the Committee or what recommendations it might make, sent letters and articles to medical journals in which they strongly condemned and ridiculed the suggestions on which the inquiry was to be based. It is also worthy of note that the questions were put to men who are themselves employed in giving effect to the present system, who are more or less identified with it, of whom some, at least, believed (quite

erroneously) that any attempt at improvement implied some censure of their own proceedings, and in all of whom, therefore, an attitude of resistance to change could not be considered remarkable, and from whom careful criticism of any new proposal was naturally to be expected. In these circumstances, out of the 65 gentlemen from whom replies have been received:—

As regards the facilities afforded by the present system for the investigation of disease:

49 are dissatisfied,
12 are satisfied,
4 are ambiguous.

As regards the facilities afforded by the present system for the careful treatment of individual cases:—

41 are dissatisfied,
17 are satisfied,
7 are ambiguous.

As regards the proposed hospital:—

24 approve without qualification,
17 approve with some qualification,
15 disapprove,
9 are ambiguous.

There is consequently a marked preponderance of opinion in favour of the view that the present asylum system leaves much to be desired, and that the proposed hospital would be likely to exercise a beneficial influence.

Proceeding to further analysis of the replies, the points which chiefly require consideration are, first, the nature of the qualification upon which, in some instances, approval of the proposed hospital is made to depend; and, secondly, the grounds on which the proposal is disapproved:—

Of 17 who approve with qualifications—

One “sees no objection”, but thinks that equally good results would be attained by increasing asylum staffs.

Nine express limited approval—as that the hospital would “to some extent”, or “to a limited extent”, supply existing deficiencies. Four of these nine are discouraged and misled by supposing that a return to the system once in force at Bethlehem and St. Luke's, where the members of the visiting staffs were pure specialists, instead of general physicians and surgeons, is what is now in contemplation. One, while thinking the results “uncertain”, adds that the attempt would have sufficient elements of promise to obtain his cordial approval, and that it ought to be made, notwithstanding possibilities of failure.

One thinks that such a hospital will be required in every county, but that London might properly set the example of establishing it.

Four say that the hospital, although “near”, should not be “in” London, on account of the desirability of pure air and exercise for the patients.

One says, "if of very limited size".

One says that the hospital would be "a valuable adjunct", but that all the staff should be resident.

Of 15 who disapprove of the proposed hospital:

Five do so mainly on the ground that the proposed visiting staff would be of inferior efficiency to a sufficiently numerous resident staff. One thinks that visiting physicians "would not improve matters in the least". Another thinks that they would be "obstructive, and fatal to the idea intended".

One would not commit to a non-resident officer the responsibility of ordering the discharge of a patient; and further disapproves because "the endowments of a brain cell are too subtle" for the morbid changes of which it is the seat to be investigated or treated. It may be remarked, *par parenthèse*, that there is no reason for supposing the endowments of a brain cell to be more "subtle" (whatever that may mean), than the endowments of any other cell—a muscle cell, for example—and that the subtlety of cell endowment has not hitherto been held to constitute a sufficient ground for the abandonment of endeavours to promote the advance of medical science.

One is satisfied with existing arrangements, except as regards pathology.

One thinks such a hospital "a wild and mischievous dream", and the scheme "unworkable and pernicious".

One thinks the hospital "might lead to discoveries", but that it would be disadvantageous (because not in the country) as regards treatment.

One "is quite sure that such a hospital would be of no advantage", and does not even desire the increase of existing asylum staffs, apparently on the ground that the more assistant medical officers there are in an asylum, the less they will be likely to do.

One "is satisfied with things as they are", and declined to give evidence before the Committee, on the ground that he "would not be of much use to the promoter of the fad of hospitals for the insane".

One would approve of such a hospital "for" London, if it were "in" the country, with a large resident staff and an energetic pathologist.

One thinks the hospital would be "useful and most beneficial" to its visiting staff, but not to patients, the grounds of the distinction thus drawn not being rendered clear. He recognises deficiencies in the present arrangements, but believes that the proposed remedy would be "worse than useless".

One replies by the monosyllable "No", only.

One thinks "space and air essential", and that the resident medical officer must be master in fact, as he is in law.

Of the fifteen objectors, whose views are thus briefly summarised, it will be seen that none have grasped the fundamental conception underlying Question 2, the conception of a hospital in which "the work of the resident medical officers would be *supplemented* (not superseded) by that

of a sufficiently numerous medical and surgical visiting staff", and in which all the personal influence which is found valuable in an asylum might be provided by means of an efficient resident, capable of co-operating harmoniously with his visiting colleagues. The committee see no reason why the personal influence should be lost (a very marked degree of such influence being exercised by the house physicians and house surgeons of ordinary general hospitals), nor do they anticipate any greater difficulty in combining the work of the resident and of the visiting officers than is daily overcome, not only in general hospitals, but also in the course of consultations in private practice. With regard to the question of a country hospital, which would manifestly be incompatible with a visiting staff of the quality which would be desirable, the committee are of opinion that the experience of London hospitals generally, and the absence of any injurious influence exerted by them (when kept in proper sanitary condition) upon the health of their inmates, tends to show that the importance of this element has been greatly exaggerated.

The views of those asylum superintendents who object to the proposed hospital were reinforced, as far as some parts of the question are concerned, by the evidence of a very distinguished witness, Dr. Clifford Allbutt; and, as his views are necessarily given at greater length than were those of the gentlemen who replied to written questions, it is more important that they should be fully considered. From the passages already quoted from his evidence, it will be seen that Dr. Clifford Allbutt is, to a certain extent, entirely in favour of the proposal; and he concluded his observations with the following words:—

"There are two things which I should like to add. The first is, that in venturing to give an independent view of the details, I may possibly have omitted to express, as emphatically as I wished to do, my conviction that it is an inestimable blessing to the community that you and your colleagues have been moved to take this matter up. I am afraid I have not expressed that sufficiently, but I should like to make it very clear, the more so, because, in regard to some of the details, I take a somewhat different view from other medical witnesses."

Now the view taken by Dr. Clifford Allbutt, as well as by some of the superintendents who agree with him as to the curative inefficacy of the existing arrangements, and as to the urgent need for reform, is essentially that the treatment of insanity is to be approached almost exclusively from the moral side, and scarcely at all from the medical. They therefore desire to see acute or probably curable cases committed to a hospital which shall be on precisely the same lines as an asylum, with a resident medical superintendent and no visiting staff, but which shall be of such dimensions as to render it possible for the superintendent to discharge the ordinary duties of his position, and at the same time to bring constant personal intercourse, and close personal supervision, to bear upon the case

of every patient committed to his care. Before any attempt is made to criticise these opinions, it is necessary that they should be expressed in the precise words used by those who hold them.

Dr. CLIFFORD ALBUTT said :—

“I think the first thing to do is to get rid of some of the connotations which the word hospital brings in. I do not mean to say that the word is not a good one, and should not be used ; but it brings in the idea that you want something like a hospital for the treatment of the bodily sick. I think the two classes of institutions should be entirely different, especially in their system of organisation, and that it is very important that one should get rid of any idea that such an institution as you are contemplating should be anything like the St. George’s Hospital or the London Hospital, or such hospitals for the sick in our towns. I find myself, therefore, at issue, partly with your question and partly with the witnesses, in thinking as I do, that it would not be desirable to have a visiting staff, unless it be for professional purposes only. I found that opinion upon this consideration. The treatment of lunacy does not appear to me—I am open to correction—to be very much a matter of drugs or pharmaceuticals. I do not think that pharmacy will have a very large place in the treatment of the insane. That medicines may be of the utmost possible importance, and that they may be employed at times with the greatest possible advantage, no one of course would deny ; but that they are usually of primary importance, or that they are the treatment for mental disease, is, I think, not true.

“I think the true treatment is chiefly moral and humane, and not very much in the direction of drugs. I therefore think that the management of the place—and under management I include all the amenities of the place as well as the mere stewarding of the house—the personal qualities of the medical superintendent, the personal qualities of every member of the medical and nursing staff, is really *the cure*. But in an ordinary London hospital the plan of conduct is somewhat of this nature : The physician comes at, say, two o’clock in the afternoon. He goes round with the house-physician, and he examines the patients, who are usually in bed, and he endeavours to ascertain the bodily complaint, for which he prescribes mechanical appliances or drugs, and a special dietary ; and those directions can be fully carried out by the house-physician or house surgeon. Now I do not see much similarity in that to the treatment of the insane. When the physician goes into an asylum he finds a person not in bed—a person who is open to all the influences of exercise and fresh air, and many of the pleasures and diversions of life. Those are indeed part of the physician’s treatment. The patient, in nine cases out of ten, is not especially in need of drugs.

His dietary may need some adjustment, but it is not a matter of primary importance, and it would in most cases be the wholesome dietary of the average Englishman or Englishwoman. Therefore, it appears to me that all those things which a visiting physician does in a London hospital you would have very little place for. But what it does appear to me that there is place for, and what is indeed of cardinal importance, is the intimate personal relation between the superintendent and his staff and the individual patient—the study of the patient's character and peculiarities, the ascertainment of his fears and his delusions, his dreads, his suspicions, what are his hallucinations, and everything of that kind ; and then the dealing, as tender-hearted, open minded, sympathetic, humane people, with those mental conditions, as mind with mind. That system, you see, makes your superintendent everything, and, subject to him, makes your staff everything also. The superintendent is your medicine ; the staff is your medicine ; the nurses are your medicine ; your conservatory and your entertainments, your birds, your garden, and your farm are your medicines ; and these things cannot be prescribed by visiting physicians.

“ I may say, in order to illustrate what I mean, that a visiting system was once in force at Wakefield. We have there a very able, much respected physician, Dr. Wright, who is now, I think, the last remaining of the members of the visiting staff which, on this principle, was attached to the large asylum at Wakefield, of which I have been a managing Justice for some years. Dr. Wright is in every respect a highly competent man, and his reputation in Wakefield and elsewhere stands very high. He is now advanced in years, and held in the highest possible honour and respect.

“ Dr. Wright has continued his visits to the asylum, I think I should not be wrong in saying, up to the present moment—at any rate, until quite recently. Now, I have observed this—and I know Dr. Wright has felt it himself, and I know the medical superintendents have felt it—that the part which can be played by a gentleman coming for an hour or two into the wards, every day it may be, and making medical suggestions about the patients, or even making moral suggestions, is such a very, very small part of the medical care of the insane, that, although his personal character and abilities will ensure for him a respectful hearing, he will retain no ascendancy. You must have a most capable superintendent—a man of special endowments and of special knowledge, and you must place upon him every responsibility, and in this case he, whatever the courtesy of his bearing may be, will not be interfered with.

“ Q. Then I gather that, in your judgment, the most favourable conditions as regards medical superintendence exist in our present asylums, save that they are unduly diluted there?—A. That is my feeling ; but I should like to except the asylums where there are two

medical superintendents, and where there is a want of perfect unity of effort.

"Q. We heard from Sir James Crichton Browne of a great lunatic asylum where the patients were under the impression that the medical superintendent was the architect, because, they said, they never saw him unless the chimney smoked or something of that kind?—A. That might point to the removal of the superintendent. To conclude what I have said on the question of the staff, I would say that I conceive that a hospital for the sick and a hospital for the insane are totally different things, and that there is a great danger in arguing from one to the other, or in any way taking one as a parallel for the other.

"Q. I should like to understand in what respect the kind of hospital that you have in your mind would differ from what we understand by a lunatic asylum as it ordinarily exists at the present day?—A. We are both agreed in our desire for a hospital. The question in my mind is, rather, whether it is not advisable to begin at the other end, and to see how far we can develop what we require out of the existing system. That might possibly be preferable to beginning an entirely new system. I think, however, that the first thing to be done (and you would be doing immense good meanwhile, whatever the result of the experiment) is to remove from places such as Leavesden, Caterham, Colney Hatch, and so on, the vast numbers of hopeless worn-out lunatics, chronic cases and wreckage of all kinds. These constitute really the great wet blanket which lies upon the whole thing. Worn-out old dements, imbeciles, and aged people are shovelled in upon the asylums from the workhouses; and I think the first thing to be done is to get all the mere imbeciles back into the workhouses, which are the proper places for them, where they are indeed much happier, for they are near their own friends and homes. And then the lunatic wreckage more properly so-called—for I certainly do not think that old people with failing memories ought to be called lunatics and sent to asylums as they are now; but the more hopeless cases of lunacy proper should be taken in larger numbers to places like Caterham and Leavesden, where you would have a comparatively small and inexpensive staff, and where it would not be necessary to have a very accomplished medical superintendent to take charge of them. The place might be regarded as a special sort of workhouse. If that plan were adopted, you would relieve other asylums which are admirably situated for the work; but too many of these have, unfortunately, been enlarged. I think it is a great mistake to go on enlarging all your present asylums.

"MR. LONGSTAFF: For example, would you consider it a great mistake to double the size of Cane-hill Asylum?—A. I think it would be the greatest possible misfortune to enlarge Cane-hill Asylum, and I should very much regret its being done. I may say that I was

exceedingly pleased with Cane-hill Asylum, and what I was saying about the importance of the sympathetic association of the medical officers and attendants with the patients, struck me as more fully illustrated there than in any place I have ever been to. I noticed this both on the female and the male side. I think if you enlarged it you would stifle the whole thing.

“Q. You think it would be more than one man could manage?—

A. I do not think that any man can very well know more than two or three hundred people. I think that one superintendent could not possibly know all the idiosyncracies, the ins and outs, and so forth, of more than say three hundred people; but we might possibly allow another hundred, because, as I said, acute cases should be diluted by some of the more tractable cases. But, in my opinion, you must not have more than your superintendent can intimately know.

“THE CHAIRMAN: So that, practically, what you would be inclined to recommend is not what I mean by a hospital, but simply a small lunatic asylum, conducted under the same principles which exist at present?—A. I should much prefer to call it a hospital, but it should be a development out of what we have got. At any rate, that is my feeling. It would be, I think, a very different thing at the end from what it is now.

“MR. LONGSTAFF: Might it not be described as a concentration of the present system, with the same medical staff, but with a smaller and more select set of patients?—A. Yes; but I think it would want a great deal of alteration in detail.

“MR. LONGSTAFF: It appears to me, if I rightly understand you, that you would like to divide asylums into two classes. One somewhat more of an asylum than the one now under discussion, and which like Leavesden and Caterham, might be large, and one more like a hospital, which would be much smaller?—A. Certainly.

“Q. I take it that the large one, such as Caterham, would be less expensive per patient than the average County asylum at present.—A. That was my idea. It would, perhaps, be relatively much less expensive.

“Q. And the other one would be more expensive?—A. Quite so. And in that way you might equalise your cost.

“Q. Though we cannot exactly equate one against the other, still there would be a gain in the one and a loss in the other?—A. Yes.

“THE CHAIRMAN: I think you yourself foreshadowed that you would not require such highly accomplished medical officers for your Caterham or Leavesden asylum, but I take it you would not make the asylum such an uninteresting place that there would be even less medical work done in it than there is now?—A. I see exactly what you mean—that the superintendents might lose heart, and learn to look upon themselves as stewards of a large establishment rather than as

scientific men. I think there might be a fear of that kind. A lay steward or a committee might have large powers in such an asylum. A great part of the clinical work would be done elsewhere; but pathologically, and as regards the investigation of the results of disease—the investigation of the dead—the loss might be very heavy indeed, because a great many of the deaths would take place in those hospitals. But then that would apply to any hospital, whether for mind or body. I presume in the hospital you would only admit persons for terms of say six months, renewable by leave, so that there would be always a danger of losing pathological results. This loss could be averted to a great extent by keeping up reports of patients drafted out, and notices of deaths.

“MR. LONGSTAFF: As I understand you, you remarked that a large number of lunatics considered that their affliction was a sort of divine punishment?—A. No. I said, they considered the asylum system was a punishment; they regarded the attendants as jailers, and the seclusion as punishment.

“MR. BURNS: They consider themselves condemned as it were to the galleys?—A. Yes, that is the feeling they have. Treatment nowadays is so humane that it is dying out very much, but still it remains to some extent. They have not as yet got the hospital idea in their minds.

“Q. I should presume from what you have said that you would consider it a great misfortune that a medical superintendent should have to spend so very much of his time, under the existing system, in purely administrative duties?—A. Not altogether. That is exactly the point at which my evidence diverges from some other evidence which has been given. I conceive that his administrative duties are his medicines; that he might have a good deal of clerical aid I admit, and I have endeavoured in my small way to deal with that difficulty, by getting shorthand writers for the medical superintendents, and many helps of that kind, in order to get rid of mere letter writing and other routine. But so far as the clothing of the patients, the decoration of the wards, the management of the food, the grounds, the out- and in-door work, amusements, etc., are concerned, the supremacy of the medical superintendent ought, I think, to be absolutely unquestioned. I regard those things as his means of cure. He does not cure people by medicines out of a bottle, he cures them by changes in their surroundings. He ought also to have the means in a hospital of classifying them therapeutically, instead of classifying them mechanically as they are classified now. It is of the greatest importance that he should find out each person's idiosyncracies and should interest himself in each individual patient, and find out exactly what that patient requires, and then as far as possible put him under such conditions.

"Q. But you agree that the medical superintendent might be spared a very large amount of the time and labour now spent in purely clerical work?—A. Yes, a great deal of mere clerical work might be delegated. But I think if there was a house-steward and a medical superintendent, the thing would break down or fail altogether. Nothing could have been more unfortunate than at Colney Hatch for instance, where you have had a committee managing with a medical superintendent. There will always be too much friction under such systems as those.

"Q. The committee manages?—A. The committee theoretically manages.

"Q. You consider that they interfere too much with the medical officers?—A. Yes. I do not mean to cast any moral reflection upon them at all, but I consider that the system was a bad one.

"The CHAIRMAN: Have you anything further you would like to say to us?—A. In further illustration of what I was saying about a visiting staff, I might remark that I have noticed in private asylums, where an eminent specialist, who is, say, proprietor of the asylum, comes down from town, and where there are also medical men resident upon the spot, that the result is not always fortunate. An eminent medical man—a very distinguished man perhaps—comes down and spends an hour or an hour and a-half, or two hours occasionally, it may be every day, and attends to his duties thoroughly; but the disadvantage is seen in a divided authority and divergencies of influence in the place, some subordinates looking to one chief and some to another, and you destroy what I think should be a vital principle in every asylum, the absolute supremacy of the resident man in charge, and you weaken his individual influence throughout."

It is highly probable that the superintendents who, in the main, hold views somewhat similar to those stated above, would be quite willing to accept Dr. Clifford Allbutt as their exponent; but, nevertheless, it seems desirable that some of these gentlemen should be permitted to speak for themselves.

Dr. THOMPSON (Norfolk County Asylum), in reply to question 2 :—

"*No, certainly not.* Visiting physicians would not improve matters in the least. The resident staff should be increased, and the senior assistantships' positions made better and more permanent, and a skilled pathologist appointed. It is my firm opinion that a medical man should be at the head of the Institution as at present, both in the purely medical and in the administrative departments, as these two departments are closely interwoven one with the other, in an altogether special and different way in an asylum from what they are in a hospital. I am prepared to admit that the hospital scheme is a most attractive one, till the facts and conditions are gone into."

Dr. RUTHERFORD (Exeter City Asylum):—

“I do not think that a visiting staff would be of much use: individual treatment requires constant supervision. I would greatly increase the number and position of the resident medical officers, and would have one or more skilled pathologists in every asylum. The residents would, of course, have power to call in any one in consultation.”

Mr. LEY (Prestwich Asylum):—

“I do not think that the establishment of such a hospital in London would in any way meet the requirements of the case. Every advantage claimed from such an institution might be more effectively and economically provided by suitable structural additions to existing asylums, supplemented by a sufficiently numerous medical staff, specially selected with a view to pathological and other scientific investigations.”

Dr. SUTHERLAND (Private Asylums):—

“In my opinion the deficiency would be partly met by the appointment, in many of our public asylums, of a resident registrar who should also be a pathologist, and receive a fair salary. His duties should chiefly consist of carefully superintending *post mortem* examinations and histological investigations; keeping a record of the etiology, duration, and termination of the cases; and of the effects of various drugs upon the patients. He should be assisted by two clinical assistants, who should keep up the case-books under his direction. This plan has been carried out efficiently in the West Riding Asylum. I object altogether to visiting physicians and surgeons. There can be no greater mistake than regarding insanity from a practical point of view as a disease which can be treated in the wards of a hospital. From a scientific point of view it is undoubtedly a disease, but *beds* are only required for the insane when they are suffering from some bodily disorder, except in the very rare instances of excitement, where darkness is of service. Only about 4 per cent. of the patients are under medical treatment in most asylums. Walking the wards of an asylum is useless. All that is valuable in the treatment of the insane can only be learned by residence in the place itself. Cases of suicide or choking are not timed to take place at certain hours, as are the operations in an ordinary hospital. The remedy lies with the examining bodies, who have no right to let loose upon the public medical practitioners who are neither qualified to deprive persons of their liberty, nor to treat them when incarcerated. A residence of at least six months should be insisted on in an asylum, and also an examination in psychological medicine, in the case of every medical man; or, if not so qualified, he should not be allowed to sign certificates nor to treat insane patients either publicly or pri-

vately. Visiting physicians in a large asylum are usually turned into ridicule by the students, who, being resident, naturally know more of the turns the disorder has taken since the last visit of the outsider."

Mr. GREENE (Northampton County Asylum):—

"It is quite possible that some discoveries might be made in such a hospital, although I believe experience of them hitherto has not been favourable; but for the general treatment of the insane I should say they would be positively disadvantageous. All the treatment of the insane may be called 'medical', but much of it is not 'drugging'; and it can only be properly carried out when the hospital or asylum is in a country district, surrounded by much land, which in London would be almost impossible."

The evidence of Dr. Clifford Allbutt, and the foregoing extracts from written opinions, place the Committee in a position to grapple fairly with the only definite objections which have been adduced against the scheme of the proposed hospital. Dr. Allbutt's evidence was in some sense a surprise, and it led to the introduction of a new question, which was put to all the witnesses who subsequently gave evidence. This question was directed to the point whether, in their judgment, the establishment of the hospital would be conducive to a greater command over the causes or insanity than is now possessed, and that by the application of directly medical agencies. The following replies were either given to this question, or were given at an earlier period, and bear upon it indirectly.

Sir JOHN BANKS:—

"I may state that in my experience the great majority of patients in asylums have been there for years, and are regarded as chronics and incurables; but that in every large asylum there might be one hundred selected for a special hospital and then a staff appointed. The medical officers should be men who are in practice, and who are familiar with bodily disease in every form—in fact, hospital physicians or surgeons, who should have nothing to do with administrative matters, and be solely devoted to the curative treatment.—Q. Would you like to select them with a particular eye to the disease being incipient and progressive, or to the disease presenting peculiar and instructive points for consideration?—A. I should have a view to both those questions. I should take the very early cases, and also cases which presented peculiarities. Thus we know that some patients have been restored by operations, as by removing a portion of the skull, and thus finding out the seat of an abscess or tumour. I may mention, for example, the asylum with which I am specially familiar, and of which I am consulting physician. I generally see cases of severe bodily disease, and the present superintendent, who is a man of considerable ability, and who, in spite of all the drawbacks which I have mentioned, involved in his attendance to departmental and administrative work,

has done a great deal. He has a class of young men who are coming up for our examination at the Royal University; and I say, if he were disembarassed of his departmental work, he would, I make no doubt, do the medical and scientific work admirably. What I wish to convey is that I would disembarass him of all departmental work, and allow him to be solely devoted to medical duties. I think that a man who is charged with the investigation and treatment of disease ought to have no departmental duties at all."

Dr. CHARLTON BASTIAN :—

"I attach the greatest importance to medical (as distinguished from moral) treatment. I see a number of cases in their early stages. They come to me in those early stages; and in private practice I have been rather surprised at the number of them that one can get well by medical treatment, even without putting them away—treating them while they are still living with their own friends. I look certainly for advances in the direction indicated from the establishment of such a hospital—advances which would arise in part from the fact that each physician would have to do with a comparatively small number of patients.

"Q. Are these people who come to you conscious as a rule of their condition—are they conscious of some infirmity of mind as a man might be conscious of infirmity of body?—A. They do not generally come of their own accord—they are brought by their friends. They are suffering from an infirmity of body, but they generally declare themselves that it is an infirmity of mind. I have just such a case in point now—the case of a clergyman—a rector of a parish. He says it is no good seeing a doctor—that his is purely a 'spiritual trouble'. His case takes the form of religious monomania, and he thinks that his trouble is purely 'spiritual'; he insists upon this, and argues, therefore, as to the inutility of medical treatment. But as a matter of fact the brain is disordered, and the disordered brain gives this undue prominence to a particular set of ideas of a 'spiritual' order."

Sir JAMES CRICHTON BROWNE, on the question of an out-patient department, said :—

"No doubt there are a number of people who are conscious of mental weakness or instability long before there is an explosion of insanity; and if these had confidence that they could go to the out-door department of a public hospital and get judicious advice without incarceration, they would often avail themselves of that privilege, with this result: that many attacks of insanity being skilfully treated in their incipient stages, when treatment is most efficacious, would be arrested or warded off."

Dr. BUZZARD :—

“Q. I should like to ask your opinion upon the question, whether there is reason to believe that insanity is frequently dependent upon nutritive changes in the structure of the brain, which might, if investigated, be better understood than they are at present, and which might, for anything we can tell, be rendered amenable to prophylactic or to curative treatment?—A. Yes, I think so.

“Q. Whether insanity, in short, is to be looked upon as a disease, or as the result of disease, which may be brought under definitely medical treatment, or whether we must fall back as of old upon ‘moral’ treatment with regard to it?—A. I have a strong opinion that the disease is one which will be more and more brought within the range of medical, as distinguished from moral treatment.

“Q. And that opinion rests upon the analogy of what you have seen with regard to brain-diseases which do not produce disturbance of thought?—A. Yes. In further reply to your question with reference to increase of knowledge regarding the causes, prevention, and cure of insanity, it occurs to me that there would be a great advantage in such a hospital as is proposed, in this respect especially. At present medical men who are specially engaged in the diagnosis and treatment of insanity have the cases brought to them, for the most part, when the patients are actually insane, and the advantage which I see in this hospital is that the investigations would be conducted by men who in their ordinary practice are in the habit of seeing the anterior stages, and of watching a patient who passes from a state of slight nervous disorder into a condition of insanity. They are familiar, therefore, with those antecedent changes which do not at the present time come much before the specialist in lunacy, who is only invoked, as a rule, when the case is one of more or less determined insanity. I think that is a very important point indeed.

“Captain JAMES : In short, the preventive stage is never dealt with at all?—A. Not by those who see most of lunacy.

“Mr. MARTINEAU : Except with paupers at infirmaries?—A. Yes, exactly. There the medical officers really have more experience of this stage than the superintendent of an asylum would have ; but they cannot devote the amount of time to the subject which is necessary for scientific investigation.”

Sir ANDREW CLARK :—

“In reference to the natural history of ordinary diseases of the brain, not commonly associated with insanity :—in that direction the progress of knowledge has been extremely rapid, and extremely important. But there is another study in regard to which my answer must be negative ; that is to say, there are changes occurring in the human brain and other parts of the nervous system which lead to

what is called insanity, and which are probably invariably the underlying causes of insanity—minute changes, temporary or permanent; and with regard to our knowledge of those changes, there has been no adequate progress compared to what there has been in almost every other department of medicine. I might probably add that, regarding insanity as invariably the expression of minute changes in the nervous system—temporary or permanent: usually temporary—all those changes are of the very class which, if they came to be understood, both in their causal relations, and in their general natural history, would probably come much more within the scope of the art of medicine than they do at this present time.”

Dr. GOWERS (in reply to the question “Would you admit cases of general paralysis?”):—

“Unquestionably. There is no malady in regard to which my remarks are more applicable. Books describe general paralysis as it is seen in asylums; but for one such case there are, I should say, half-a-dozen cases which come under the same category, but present every variety between the asylum type and a form to which the name is scarcely applicable—cases that are stationary for years, and cases that get well or almost well from symptoms that are characteristic though slight, and they are, for the most part, undescribed. I do not think there can be a more conspicuous example of the present need for the study of mental diseases from the side of brain diseases, commonly so-called—the combination of the two—the bringing of neurology to bear upon what is called pathological psychology.

“Q. I should like to ask you whether you are of opinion that there is a reasonable probability that diseases producing insanity may be brought to a greater extent than at present under the influence of medical as distinguished from moral treatment?—A. Certainly. I have no hesitation in saying that they are now, more than they were ten years ago, and ten years ago more than they were twenty years ago.

“Mr. MARTINEAU: I think you are physician to the Hospital for Paralysis and Epilepsy?—A. Yes.

“Q. Has the establishment of that hospital for the last twenty years done much towards the extension of knowledge in regard to those two diseases, and also towards their cure?—A. You are speaking with reference to diseases of the nervous system?

“Q. Yes.—A. I should say that it has done more than any institution in the world, excepting perhaps the Charité at Berlin, and others on the Continent. But the amount of work that is done there in the aggregate is enormous, and it is seen in the fact that it has raised the hospital in the estimation of the profession to as high a point as that occupied by any special hospital in the metropolis, although it was only founded in 1861.

"Q. Is general paralysis less fatal than it was twenty years ago?
—A. That I am unable to say. I see nothing of the cases of general paralysis that are fatal, except in consultation in private. I see one side of the cases, and in asylums they see the other side. I see nothing except the commencement of the side that is fatal; my knowledge is only half, just as theirs is.

"Q. It is said that general paralysis only lasts a year.—A. From my observation in private I should say that arrest of general paralysis (which is not infrequent, although not always permanent) is more frequent than it was, and is more frequent than it is represented to be in the books."

Mr. HUTCHINSON :—

"Q. Would you look forward to the probability of a definite increase in the power of a physician to treat insanity medically as a bodily ailment?—A. Yes; I think there would be increase of knowledge of its causes."

Dr. STEPHEN MACKENZIE :—

"Q. I should like to ask your opinion upon the question, whether there is reason to believe that insanity is frequently dependent upon nutritive changes in the structure of the brain, the nature of which might, if investigated, be better understood than it is at present, and which might, for anything that we can tell, be amenable to prophylactic or to curative treatment?—A. I should answer in the affirmative—that, although we have no positive knowledge on the point, we must believe that the origins of those disorders, which are independent of obvious structural alterations, are dependent upon nutritive changes, which must, in their turn, depend upon the general working of the organism; and it follows, therefore, that if the whole organism is studied systematically, there is more chance of the detection and the remedying of those defects than could otherwise be the case.

"Q. I put that question specially with reference to the evidence of a gentleman who was lately before us, who, in the management of insanity, attached very much more importance to moral than to medical treatment, and who seemed rather to lose sight of the hope, which I confess I had in my mind, that insanity might ultimately be traced to structural changes, and might become the subject of purely medical treatment.—A. Whilst admitting, of course, that moral influences react on the organism, you cannot, on the other hand, lose sight of the organism on which they act. There are two factors in the treatment of the disease, and the attention to purely moral causes has been lamentable in its results.

"Q. It seemed to me that work in that direction had been carried a long way already with very barren results?—A. That is so, I think."

Dr. BATTY TUKE :—

“ Mr. HUTTON :—I was rather surprised to hear you say that one consulting surgeon only would be required. Now, if it is a fair question, are these people more likely to be benefited from the medical side, or from the surgical, in your opinion?—A. On the whole, decidedly more from the medical side.

“ The CHAIRMAN : I presume that we may take your recent article in the *Nineteenth Century* (April, 1889), as a full expression of your views?—A. I think it fully expresses my views.

“ Q. On consideration, do you see anything to withdraw?—A. No, I see rather more to add.

“ Q. We should be very much pleased if you will add anything now that occurs to you on that point, because we must be very much guided by experts in our enquiry, and we should be very glad of any spontaneous observations which you may be able to offer us.—A. I should like to have stated in that article—but I could not for professional reasons, which you will understand perfectly well, and I only do so now in very general terms—that my experience of treating such cases upon strict hospital principles, as strict as it is possible to apply them in an ordinary asylum, has been productive of very good results.

“ Q. That is to say, patients have recovered or improved who, under ordinary asylum conditions, would have been less likely to do so?—A. Yes, I think I can say that fairly. I allude more particularly to the Fife Asylum, which is a public asylum. I suppose I was not considered a very good superintendent, in the sense of an administrator, because I handed over the administration to the ordinary officers to a very great extent, and applied myself to the patients. There the result was that after the first three years—during which time we were gathering in from various quarters many who were hopelessly incurable, who had been lunatic for many years—we had a percentage of over 60 per cent. of recoveries.

“ Mr. HUTTON : The percentage in the new County of London is something like 30, is it not?—A. Between 35 and 40.”

Dr. WHIPHAM :—

“ The CHAIRMAN : I should like to ask your definite opinion upon one question, as to whether, in your judgment, there is a distinct probability that by such an institution as this we might definitely look forward to improved knowledge of the changes which underlie insanity, and to improvements in their medical treatment as apart from their moral treatment?—A. Yes, that I imagine to be one of the great objects of this hospital.

“ Q. And it is a point which I am anxious to receive opinions upon?—A. I am quite clear upon that point.”

The foregoing extracts have placed before the Council, in immediate juxtaposition, the views of those authorities who, while admitting that much alteration is required in the present system, are, nevertheless, of opinion that the alteration should be in the direction of giving fairer play to moral and personal influences; as well as of those who think that what is mainly necessary is to afford increased facilities for the study of the purely medical aspects of the question. It is now the duty of the Committee to state the views at which they have arrived, in the course of an endeavour to reconcile these partially conflicting opinions.

Perhaps the key to the whole difficulty is afforded by what has been written by Dr. Sutherland about "beds", and by Mr. Greene about "drugging". Dr. Sutherland, who admits that only about four per cent. of the inmates of asylums are under medical treatment, clearly does not recognise, as bodily illness, anything which does not require the patient to remain in bed. He does not seem to know that a large proportion of hospital in-patients, and even of those among them who are suffering from very serious diseases, do not spend their lives in bed. They usually remain in bed for the visit of their physician, because the absence of body-clothing facilitates many forms of examination which it may be desirable to employ; but they get up when the visit is over, or on the days on which it is not to be paid. Cases of the most serious renal or hepatic disease may be seen sitting around the ward fire in every hospital; although there are other cases, those of gastric ulcer for example, in which the mechanical rest of bed may form an important part of the treatment. Among the inmates of an asylum, there are, we know too well, many whose brains have passed into a state of degenerative change, and who are beyond the reach of medicine, unless when they become the subjects of some intercurrent malady which has nothing to do with their affliction. But, assuming that 35 per cent. of the admissions recover, while only 4 per cent. are made the subjects of medical treatment, we have 31 per cent. in whom recovery from insanity is spontaneous, or at least is unhelped by medicine, and is the result of favourable environment or of nursing. With regard to this 31 per cent., the average medical superintendent appears to say, "Oh, let them alone, they will get well by and bye." In plain truth, he is probably seldom a sufficiently skilled clinical physician to be able to recognise either the existence or the importance of what he might perhaps describe as "small" departures from health, whether originating in the brain, or originating in other organs and affecting the brain secondarily; still less is he likely to have attained the practical skill and experience which would be required in order that such departures should be medically treated in the best possible manner. It is certain he does not recognise that the fact of insanity is itself an evidence of bodily disease, of some error in the nutritive processes; an error which it would be the province of the physician to search out and correct, by any means of examination or of treatment which he might be able to bring to bear upon it. Then Mr.

Greene, wishing to speak of the administration of medicines, uses the word "drugging". Is it likely that this word would be employed in this sense by any practitioner who had acquired the power of administering medicines skilfully? Is not the word intended to be more or less contumelious? If we heard a stranger speak slightly of a horse as a means of conveyance across country, should we not infer that the speaker was at best an indifferent rider? The administration of medicines forms, it need hardly be said, a highly important branch of the art of the physician, and is usually esteemed by him in precise proportion to the skill which he has attained in applying it. It may, of course, be applied either skilfully or unskilfully, and with very different results under these different conditions. Dr. Clifford Allbutt, on this part of the subject, is scarcely consistent. He admits that "medicines may be of the utmost possible importance, and may be employed at times with the greatest possible advantage", but he soon afterwards says that the ideal superintendent "does not cure people by medicines out of a bottle, he cures them by changes in their surroundings". Why should he not cure them by "medicines out of a bottle"? Many people are familiar with the fact that, in certain states of derangement of the liver, the majority of mankind are liable to be the subjects of feelings of gloom and despondency, which may be held to constitute a sort of minor form of temporary insanity, and which render it impossible for them to take a sound and natural view of their position and surroundings. If a patient in such circumstances is left to the care of Dr. Clifford Allbutt's ideal asylum superintendent, or of a careful nurse who, in Dr. Clifford Allbutt's words, will deal with the perverted mental conditions in a "tender-hearted, open-minded, sympathetic, humane manner", such dealing will be more or less highly appreciated by the patient in different cases, and recovery may sooner or later be reasonably looked for. But if, by any chance, a physician should intervene, he comes armed with "medicine out of a bottle", e.g. with a dose of calomel, with the result that the gloom and despondency will vanish as if by enchantment, and the patient, instead of slowly recovering, will be quickly cured. Lord Shaftesbury, who was for something like fifty years Chairman of the Lunacy Commission, was led by the observations incidental to that long experience to attach very great importance to the despondency incidental to liver derangement as a premonitory symptom of insanity; and he was accustomed to say that, if people would only take a little more blue-pill, there would soon be an appreciable diminution in the gross amount of madness. Dr. Clifford Allbutt's ideal superintendent is really occupying himself in treating symptoms only, with no endeavour to penetrate to or to remove their causes. The description represents him as acting the part of a nurse, who, when the feet are cold, applies a jar of hot water to warm them, not the part of a physician, who seeks to discover why the feet are cold, why their circulation is defective, and to address his remedies to the cause which he discovers to be in operation. There is indeed much reason to hope that

"medicine out of a bottle" will play a continually increasing part in the control and cure of the changes which underlie insanity, if only those who have medical charge of the insane are sufficiently skilful as physicians engaged in the cure of bodily ailments. One reason for this hope is furnished by the fact that medicines out of a bottle are capable of producing insanity. Not to recur to the illustrations already given, of temporary or eventually permanent mental derangement brought about by intoxicants, we may mention that the bromides are now distinctly recognised as possible causes of a very well-marked type of such derangement, characterised especially by failure of memory. They have been much used, as is generally known, in the treatment of epilepsy, and they will often keep the fits entirely in abeyance. Epilepsy may be described as a liability, at uncertain intervals, to violent irregular explosions of motor impulse from the brain, and these explosions, in many cases, lead ultimately to brain degeneration, with consequent imbecility or dementia. The bromides tend to produce sleep; and, like other narcotics, they do so by diminishing the blood-supply of the brain. Probably through this action they also hold the tendency to epileptic paroxysms in check, so that many patients, by taking them habitually, may remain free from fits for months or even years. But this influence, in a certain proportion of cases, is obtained at the cost of the development of the above-mentioned peculiar type of insanity; insomuch that the physician has sometimes to decide whether the danger of this form of insanity, or of that which might arise from recurrence of the fits, must be regarded as the greater evil. Clearly such facts as these point to great future possibilities in the way of control over brain function by medicine, and to the directions in which new light bearing upon the causes and control of insanity may hereafter be attained.

On the whole, therefore, the Committee have felt compelled to adopt the view of those who maintain that the chief hope of better knowledge and more successful treatment of insanity must be looked for in the careful medical study, from the point of view of the skilled clinical physician, of every departure from health, whether apparently trivial or important, of which the insane may be the subjects; and that this study can only be hoped for in a hospital where every patient, merely because he is there, will be looked upon as a sick man who is to be cured of every manifest element of sickness. It is well-nigh certain that the 31 per cent. of patients in an asylum, who may still possibly recover, but who, in the estimation of an average superintendent, do not require medical treatment, would every one be found, if carefully examined by a hospital physician, to present deviations from the standard of health for which his art would not be without resources. Who can say, in the present state of knowledge of the subject, to which of these deviations the disturbance of thought may not hereafter be found to be attributable?

In relation to this part of the subject, the Committee have been favoured by Dr. Quain with a singularly instructive narrative. He was

called to see a gentleman not otherwise appreciably ill, but labouring under what could only be described as an insane delusion, to the effect that his own body emitted an intolerable fœtor, of which, in reality, there was no trace. So strong was this delusion, that the patient had his pictures covered up, because, he said, the stench would injure them ; and, not content with profuse apologies to his doctors for the annoyance which they must experience in visiting him, he expressed the most profound pity for their horses waiting near his house, and certain, he said, to be almost poisoned. In this gentleman, Dr. Quain discovered an abscess connected with the large intestine ; and, when this had been evacuated and was healed, the delusion disappeared and returned no more, the patient having ever since continued in perfect mental health.

To sum up the whole question at the point which has now been reached, it would appear that the defects of the asylum system, defects which are fully admitted even by a large majority of those who are concerned in administering it, are mainly of the following kind. It has been found necessary, for a variety of reasons which need not be detailed, that the medical officer should be the head of the household ; and hence, when a young man fresh from the hospitals, and recently qualified to practice, obtains a position as assistant medical officer in an asylum, he immediately has his attention diverted, to some extent at least, from the purely medical side of his new duties, and has many inducements to strive to render himself a capable administrator. As a rule, he obtains the appointment at a time when he is too young to have gained any independent experience of disease, or to have been engaged in practice for himself, and he tends to fall into the groove of asylum habits and ways of thought. He sees a certain percentage of recovery from insanity under the influence of favourable surroundings, and of what is called "moral" treatment, and he has neither opportunities nor inducements to render himself a skilful "medical" practitioner. He gains experience by seeing that certain cases recover and others do not ; and he acquires a power of correct prediction as to the probable issue of any individual case, in the circumstances in which it is likely to be placed in an asylum. He sees the good results of the favourable surroundings which he assists to secure, and of the moral treatment which he assists to carry out ; and he comes to believe sincerely in the value and efficacy of both ; but he does not see, and consequently does not come to believe in, the efficacy of purely medical treatment of the diseased conditions which underlie insanity, because such treatment is not carried out at all, either by himself or by his superior officer. To every general rule there are exceptions ; and it is manifest that one man will be earlier and more completely diverted from the paths of science, into those of mere administration, than another ; but there can be no doubt as to the rule. Perhaps the best evidence of it is that our asylums contain thousands of persons who, besides being insane, suffer also from some common malady, such as, if they were not insane, would render them

fitting patients for a general hospital. It would be difficult to name a single instance in which any important suggestion for the better treatment of any such common malady has proceeded from an asylum medical officer, although such suggestions are proceeding every day from the medical officers of hospitals. In the cases which have been cited to the Committee, in which asylums have had visiting physicians, whose work has not appeared to be fruitful of results, the conditions have been of two kinds. In one, the visiting physicians have themselves been specialists in insanity, likely to regard the cases from precisely the same point of view as the residents; in the other, the office of the visiting physician has not been to treat insanity, but only to prescribe for any intercurrent malady from which an insane person might be suffering—a tacit recognition that the resident was not likely to be a proficient in the cure of disease. The asylum system, as a whole, is an immense advance on the conditions of half a century ago, but it has not quite kept abreast of the advance of medical knowledge in other directions, and the time has probably come at which it should in some respects be modified in the interests of the community. The first step towards the desired modification would, in the opinion of the Committee, be the establishment of such an hospital as that which is now proposed, in which the insane inmates would receive from an experienced resident all the special care required by their condition in respect of precautions against injury to themselves or others, and in respect of moral treatment; but in which, as patients, they should be under the care of visiting physicians, prepared to deal with them as diseased persons, whose diseases were to be investigated, and, if possible, to be cured, by the aid of all the resources which skill and experience could command. Such an institution, in all probability, would be the means of discoveries with regard to the essential nature of the changes in which insanity may have its origin, and would therefore open out indefinite possibilities in the direction alike of prevention and of cure. It must manifestly be in London; and the disadvantages of the situation must be accepted as an inevitable set-off against the benefits. If any patient were clearly suffering from the town atmosphere, or from want of sufficient exercise, it ought to be possible to remove him, for as long as might be required, to one of the suburban asylums under the control of the Council.

Having now dealt with the general proposition from the point of view of the better investigation and better treatment of insanity, it has next to be approached from the point of view of the requirements of medical education—a matter of vast importance to the public. Members of the medical profession are invested by law with great powers and great responsibilities in relation to the insane; and medical students, as a rule, have no opportunities of obtaining the knowledge which is required for the discharge of these responsibilities in a proper manner. In the first place, the existing asylums, even if they were fully open to students, are too far from the hospitals and schools of medicine to be systematically visited.

In the next place, they are either not open at all, or not under conditions which afford facilities for study; while they make no provision for systematic teaching. Lastly, the inmates contained in them are not, as a rule, persons who display the early symptoms, with which it is especially important for medical men to be conversant; but are chiefly confirmed cases, as to the nature of which there can be no doubt. A small teaching provision has been made at Bethlehem, under Dr. Savage, but this is wholly inadequate for the requirements of London students; and there is no provision at all in many places in which it ought to exist. The proposed hospital would make an important commencement in the direction of supplying this obvious want; and it would especially provide competent lecturers and teachers. The point has been strongly dwelt upon by the witnesses who were examined by the Committee, as will be seen from the following extracts.

DR. CLIFFORD ALLBUTT :—

“I also agree that it might offer very great advantages to members of the medical profession, giving them increased facilities for the study of insanity, and for rendering themselves better qualified than at present for the discharge of their legal responsibilities with regard to it.

“Q. Those responsibilities being at present very arduous?—

A. Very arduous, and men being inadequately equipped for them.

“Q. Would it be desirable to provide for the delivery of systematic courses of lectures by the staff in order to diffuse as widely as possible the results of their investigations?—A. I think it is of the utmost possible importance. We have done that, as I daresay you know, in the Yorkshire College, for many years. I began it when I was fortunate enough to obtain the assistance of Sir James Crichton Browne, or Dr. Crichton Browne, as he then was. The plan adopted was this:—A certain number of lectures were given at the medical school—perhaps a third—(because I think that although the lectures should not be didactic, some lectures in theatres and apart from patients are extremely valuable, when the lecturer is thoroughly experienced and has the art of putting things), and perhaps the remaining two-thirds were given in the wards of the asylum. So that the students were only taken from Leeds to Wakefield for two classes out of three.

“Q. In my student days we used to go round in the morning with Dr. Conolly, and he used to give lectures in the afternoon after luncheon.—A. I think some plan of that kind would prevent the necessity of taking the students always round the wards. Provision must be made, of course, for resident students also.

“Q. We shall be very glad to hear any further observation which you may wish to offer.—A. I would remark that the tuition is of enormous importance. Unless you have clinical clerks and students about, you

have not the best treatment. That is another point in which our asylums differ from hospitals, to their misfortune. I have been very much struck, and I have no doubt you have, when going into county hospitals apart from schools of medicine, to see beautiful wards, perfect cleanliness, good food, nice-looking nurses, and every comfort that can be desired but medical science, which is too often absent. When you ask yourself why this is so when you have good men on the staff the answer is, it is so simply because there are no students, no stimulants, no critics. So I say where you have no tuition going on, you practically have not medical science. Therefore I think the tuition proposals are of enormous importance.

“Q. You consider that the presence and instruction of pupils is highly conducive to good work?—A. Yes, and therefore highly conducive to the good of the patients.”

Sir JOHN BANKS :—

“Q. Are you of opinion, as a member of the Medical Council, that such a hospital as this would afford facilities for study to medical students and practitioners, which at present are greatly wanting?—A. I am. I may mention to you that, as a member of the Senate of the Royal University of Ireland, I was instrumental in getting the Senate to make an ordinance that three months' instruction in an institution for the insane should be necessary for candidates coming up for the medical degree. I believe there is no other university, except the London University, which requires that. I think it would be of great importance if there were a class of students, not merely undergraduates, but even graduates. I may add that in the Royal University, as an inducement to men to study mental disease, we have also scholarships, so that men adopting a speciality are encouraged to learn. I may say that I have found in the course of my experience, extending over many years as professor and examiner, that mental disease is the subject on which, of all others, candidates for degrees in medicine are most ignorant. It frequently happens that a man may be called upon to determine what may be a matter of life or death, or which may involve a large amount of property, and yet he may have never seen an insane person before.

“MR. CARR-GOMM: You mean mental science does not form part of the medical curriculum?—A. It does not in the case of most licensing bodies. It does, as I have told you, in the case of the Royal University, and, I believe, in the London University.

“Q. In your opinion it is very desirable, as a matter of medical education, for the benefit of the public, that greater facilities should be afforded for instruction in this way?—A. I am very strongly of that opinion.

“Q. We have heard from Dr. Batty Tuke that in an asylum there is

very great difficulty in the way of directing the attention of students, who resort there, to the earlier symptoms which it is most important the general practitioner should know. Is that a difficulty which would be met to some extent by such an institution as this?—A. It is : because amongst all classes there is great reluctance to placing a relative or a friend in an asylum, so that very often a considerable time has elapsed since the earlier symptoms of the disease showed themselves, before they come under observation. This reluctance might to some extent be obviated by the establishment of a hospital.

“MR. CARR-GOMM : You want to get under your observation the the earlier stages of the disease, so as to see the progressive stages. Now, how are you going to obviate the difficulty that attends that question by the establishment of your proposed hospital?—A. I do not see any way to obviate that difficulty, except by endeavouring to impress upon the public, as medical men very often do when they have an opportunity, that the prospects of restoration to mental health are greatly better when patients come under treatment during the earlier stages of the disease. The sooner they are separated from their families the better. Of course we know that persons who ought to be under treatment are walking about ; and until, through some overt act, perhaps some act of violence, they become what the law recognises as ‘dangerous lunatics’, they are not put under care.

“THE CHAIRMAN : Is it your opinion that the establishment of a ‘hospital’ as distinguished from an ‘asylum’ would be a step towards meeting the difficulty we are referring to ; that, by diminishing the stigma which is now supposed to rest upon the inmates of an asylum, you would remove difficulties in the way of early treatment?—A. I think it would. There is, as you say, a stigma. Some people think it a disgrace. I think, however, more enlightened people are learning that to suffer from mental disease is no more a disgrace than to suffer from bodily disease. People recover and are restored to society just as they are after bodily diseases.

“Q. And a hospital would tend, in the perceptions of the public, to bring insanity into the category of bodily disease?—A. Yes. I think that even to remove the name of ‘asylum’ and substitute ‘hospital’ would be a point gained.”

DR. CHARLTON BASTIAN :—

“Q. The point of the question was intended to be this: are the present facilities for instructing members of the medical profession with regard to insanity, concerning which they have various and important responsibilities, sufficient for the reasonable requirements of the public and for the reasonable requirements of the profession? Is it in the power of the average practitioner to learn as much about insanity as he ought to know?—A. No, it is not. There are no

adequate facilities at present for the ordinary medical student to acquire anything like a practical acquaintance with insanity.

"Q. Do you think that a hospital such as this, which would afford, under proper regulations, such facilities, would be of definite benefit as a means of medical education?—A. Undoubtedly, if the tuition there could be organised and put upon a definite footing; for there is, no doubt, a very lamentable lack of knowledge now with the great bulk of medical men in the recognition of cases of insanity; and the fact that these forms of disease are often not recognised leads to an incalculable amount of misery and trouble to the community.

"Q. Especially in their earlier stages, perhaps?—A. Yes, it is especially the early stages which escape recognition, but not these alone.

"Q. Do you think that pupils should be admitted to see the practice under regulations?—A. If they came definitely to attend for a given time, and were regular in their attendance, I should approve of it; but I thoroughly disapprove of mere chance or occasional attendances either of students or of medical officers.

"Q. You think that men should enter for a definite period?—A. Men should enter for a definite period. They should practically do as medical students do who go around the wards of an ordinary hospital. Otherwise it comes to this, that the time of the visiting medical officer might be enormously wasted and frittered away. Perhaps one or two men come in who are perfect strangers to him; he does not know what their position is, or to what extent they are familiar with the subject. The questions that he might address to the resident medical officer or to the patient himself might be quite sufficient to throw light upon the progress of the case to habitual students, but he would have to explain in detail the nature of each case to these mere chance visitors, who had never seen the cases before; and the next time the same men may not come, but others; and every time there would be this sort of trouble. Such a difficulty would not exist if there were a regular class. So that I think it would only be possible to have students admitted subject to some such conditions. In regard to student appointments, I think it would be very desirable that there should be clinical assistantships at such a hospital."

Sir JAMES CRICHTON BROWNE :—

"THE CHAIRMAN: Then you are of opinion that it is very desirable, as a matter of medical education, and in the interests of the public, that greater facilities than now exist should be afforded for instruction in mental disease?—A. It is of the greatest importance to the public that such facilities should be created, particularly in order that medical practitioners may be able to cope successfully with cases of

insanity in their incipient stages. The children of insane parents, or persons in whose families insanity has occurred, sometimes early in life develop odd nervous traits—little peculiarities—the significance of which is not sufficiently appreciated unless special knowledge is possessed. Now a man with a knowledge of mental disease would understand these, and would thus be able to guide and control the education of the child, and thus sometimes to ward off attacks of insanity, and to prevent degeneration."

Mr. BRYANT :—

"There can be no question, also, that such an institution would afford great advantages to the members of the medical profession. It has been a crying want that the medical profession, as a body, has had little or no means of studying insanity. It has been an unknown land really to a large number, except the few who have had the privilege of attending Bethlehem, Colney Hatch, and some other outlying institutions. The want has been much felt, and if such an institution as this were established, that want would be very largely, though perhaps not altogether, supplied.

"Q. The medical profession at present having very little knowledge of insanity, and having very heavy legal responsibilities in regard to it?—A. Exactly, and that makes them timid in dealing with it, particularly in recent days, because their responsibility has been very much increased, and their knowledge has not. This bears upon another point which I might mention here, namely, the admission of students. You are never likely, in a hospital of this kind, to have as large a number of critical students as you get in a general hospital. The criticism and the teaching of students helps very materially the medical and surgical officer in his work. It keeps his mind up to the front in every single thing. It renders it a necessity for him to be fully informed of everything that is going on : in order that he should not have a question put to him upon a point of which he knows nothing. The questions of students have therefore a very important bearing upon the way in which the work is done. These observations, therefore, answer the question whether students should be admitted. They must be admitted, but as I have said, you should not have a large number of students. You could not allow 30 or 40 or 50 men to go round with the visiting physician in cases of this kind. They would doubtless do harm to the patients. You can only have a selected few to go round, and all this must be regulated very carefully. That good students should be admitted there can be no question, but their number must be limited. Clinical assistants might be appointed, and I take it that that would be the best way of admitting students. You might have a clinical assistant to every 10 patients, to watch cases and report to the physicians and surgeons,

as is done at the general hospitals. Then each patient would get to know them, and not to fear them. The appointments might be for three months, with renewal in certain cases, either to the same physician or to another physician. In this way you could create six-months' clinical assistantships, which would be very valuable appointments,—valuable not only to the physicians, but to the patient, as well as to science, for some of our best hospital students would doubtless be obtained for them."

Dr. BUZZARD :—

"THE CHAIRMAN : What have you to say with reference to any disadvantages which might arise from affording the members of the medical profession increased facilities for the study of insanity, and for rendering themselves better qualified than at present for the discharge of their legal responsibilities with regard to it?—A. I think that would clearly arise out of the preceding answers ; it would be almost a corollary.

"Q. Should there be regulations under which pupils should be admitted?—A. Yes, there should be."

Sir ANDREW CLARK, in reply to the same question :—

"The question of insanity, and of diseases bordering upon insanity, is a question which frequently arises in practice, and yet for dealing with which by medical men no provision whatever is practically made. The results of this are sometimes disastrous. I am, therefore, strongly of opinion that enormous advantages would accrue to both the public and the profession from provision being made for the clinical study—for no book study is of any value in this matter—of insanity in the wards of a properly officered and properly conducted hospital. I am sorry to say that for a great practical nation like England, her action up to this time in relation to medical education has been unworthy of her, and here is a great opportunity of doing what I think would be the biggest and the best thing which she has done in the way of practical education for a generation past."

Dr. FERRIER :—

"Practical instruction in insanity is a great want. I often felt it myself when a student of medicine ; and I know that it is greatly needed by the students who attend our medical schools. Practically, unless they happen to attend the lectures of someone who is an asylum superintendent, the great majority of medical students receive no practical instruction at all in insanity. I may instance my own school—King's College. We have a professor of psychological medicine. He was at one time superintendent of one of the Metropolitan asylums. His class was, however, not compulsory ; and, as a matter of fact, he rarely or never lectured, so that King's College students pick up what

they know from books or mere oral descriptions, without any practical instruction, and are turned out into the world to practise their profession, and to deal with insane people, without, perhaps, ever having seen a lunatic.

“Q. And also to discharge legal responsibilities?—A. And to discharge legal responsibilities. Of course individual students sometimes become assistants in asylums, and so acquire practical knowledge on the subject, but the great mass of students are really uninstructed in the matter; and what I have said of King’s College will hold good with regard to a great many other medical schools.”

Dr. GOWERS :—

“Q. Would you admit pupils?—A. Certainly; and I think there should be clinical appointments. Their establishment would be perfectly easy, and they would be of great value.”

Professor HORSLEY :—

“As regards the advantages which would arise from thus affording to the members of the medical profession increased facilities for the study of insanity, it is my opinion that it is absolutely essential that we should have a central establishment of the proposed kind for such study. Arrangements at present are so inconvenient for students at the various medical schools as to render it impossible for them to attend the practice of asylums at a distance.”

Mr. HUTCHINSON :—

“It would be an immense advantage to the profession if there were increased means of study by students, and not only students who have not passed their examinations, but by what we may style post-graduate students. The study of insanity is very much neglected in medical education at present, and neglected because there are no good opportunities.

“Q. And the profession have heavy responsibilities with regard to it, which, as a rule, they are not properly trained to fulfil?—A. Quite so.

“Q. Would you approve of definite arrangements being made for making it a teaching hospital?—A. I think the educational advantages of such a hospital would be one of its chief features. The students, I should think, would generally be members of the medical profession. I think they should be usually those who had obtained diplomas. Of these the number coming up to London for a sort of second education is every year increasing; and I think they would be glad of the opportunities afforded by such a hospital. I would not, however, exclude students who had not obtained their diplomas, if they wished to attend.

“Q. We have just heard a strongly-expressed opinion that no one

should be admitted as a learner at such a hospital except he entered definitely for a certain time, and that the wards should not be intruded upon by casual professional visitors, but that everyone should have a recognised status as pupil?—A. I agree with that.

“Q. Do you think it would be possible to have clinical assistantships, etc.?—A. Yes.”

Dr. STEPHEN MACKENZIE:—

“Q. I should like your opinion with reference to any advantages which might arise from affording to members of the medical profession increased facilities for the study of insanity, and for rendering themselves better qualified than at present for the discharge of their legal responsibilities with regard to it?—A. From my own point of view I should answer very distinctly indeed that it is a very great disadvantage to lecturers and teachers of medicine in London and elsewhere that we have no facilities for the study of insanity. Theoretically, I am supposed to teach insanity. As a matter of fact I give a lecture or two on the parts which come more immediately in contact with physician's work. But it is obvious that we have not facilities for studying the disease; and, therefore, we cannot have the facilities necessary for teaching.

“Q. Do you, as a medical teacher, recognise that as a definite want?—A. Distinctly. London is such a large place that it is very difficult for every hospital to be affiliated to some institution where men will get the information they want; and therefore it is important that the knowledge which physicians connected with those hospitals can to a certain extent impart should be supplemented by the more accurate knowledge and more complete experience which may be gained at institutions for the treatment of patients suffering from insanity.

“Mr. MARTINEAU: I think Dr. Claye Shaw at Banstead lectures on insanity?—A. Yes, and at some of the other hospitals there is an arrangement of some kind. At the London Hospital we are at present as it were between two *régimes*. The late Dr. Miller, of Bethnal Green, used to lecture, and gave demonstrations; but we have not appointed anyone to succeed him. Then at many of the hospitals they have lectures on mental disease. Dr. Savage lectures at Guy's, and Dr. Mercier at Westminster, I think. It is done to a certain extent; but what is done does not really quite cover the ground. As physicians, we see the most difficult cases of all; we see those where insanity is beginning, and those where it has indeed hardly begun, not only cases such as Dr. Buzzard has spoken of as “borderland” cases, but cases long before they get to the border. Now those are the cases that have to be understood; and you cannot understand the disease if you only see its beginnings; you must watch its progress, and you must see its end.

"Q. Would you admit the pupils to see the practice?—A. I should.

"Q. And you would employ them as clinical assistants?—A. Yes, in every way. It increases the value of their work to them very much indeed, and it would really lighten the administrative work."

Professor MARSHALL:—

"Q. What do you say with reference to the advantages which might arise from affording to the members of the medical profession increased facilities for the study of insanity?—A. About that I can speak very strongly, because, being President of the General Medical Council, and interested in the advancement of medical knowledge and education, I cannot but observe that the facilities now afforded for the study of insanity are not so great as they might be; and, therefore, I think that the establishment of a special hospital in a great community like London would be of immense advantage to the medical profession, and especially to future members of our profession, and through them to the public. I may say that the new Lunacy Bill, although it certainly does limit the responsibilities of medical men as regards their liability to actions at law, increases their responsibility in forming a judgment as to what are cases of insanity and what are not. It is therefore most desirable that the junior members of our profession should have every facility afforded to them for equipping themselves with regard not only to the management, but to the certification of these cases. At present it is, of course, quite possible for an inexperienced junior medical man to be called upon suddenly to see a case of insanity, and thereupon to give a certificate which carries most formidable consequences with it; and I have had under my own observation instances of such junior practitioners really being at a loss to know what to do. Now I hold that that arises mainly from our imperfect means of education in regard to questions of lunacy. Every facility, therefore, which can be given by a public body for increasing the opportunities of the study of insanity will not only be of immediate advantage to medical students—the practitioners of the future—but also to the community, because the former would be then prepared to deal coolly and positively, soundly and wisely, with cases of insanity submitted to them for certification. In short, I think, having regard to the forthcoming new Lunacy Law, there is a special necessity for training and educating medical practitioners generally in this particular department.

"Q. It will be in your recollection that at the last meeting of the Medical Council some resolution was passed bearing upon this subject, and I think it will be satisfactory to the Committee, who may not be acquainted with the facts, if you will kindly give them a brief

account of the status and position of the Medical Council and of the functions it discharges?—A. The General Medical Council is established as the Council of Education and Registration. We need not concern ourselves here with that part of its duties which relates to registration. The education of the medical profession is, indirectly, under its control. It has no direct power to enforce any one of its recommendations; but if its recommendations were so completely ignored that the Council thought that any examinations as conducted were unsatisfactory, then it might report to the Privy Council, and if the Privy Council agreed, disfranchisement of such examining body might be the consequence. That, however, is an extremely remote contingency, and has never yet happened, and probably never will arise. But indirectly this gives the Council an important control over medical education in the United Kingdom. It can circulate its recommendations, it can emphasise them: it can repeat them, and it can warn examining bodies, if they do not hold examinations which the Council think sufficient, they will verge upon a condition of things which might lead the Council to bring their default before the Privy Council. The Medical Council can do that: but happily, I may say, its action has been thus:—by dint of earnest investigation into any defects in medical education and examinations, it arrives at certain recommendations; these are sent to all the examining bodies, and though they are no doubt sometimes put aside, as perhaps premature or in advance of the times or of opportunity, by degrees these recommendations are more or less accepted and adopted, and thus tell upon the whole medical education of the country; so that, without any stringent exercise of its powers, it may be said that the General Medical Council is a most important agent in regulating our national medical education.

“Q. And that Council, before this question came before us, had already expressed an opinion as to the desirability of obtaining increased facilities for the study of insanity?—A. Yes, that is one of the questions which was brought before it, and one on which it was unanimous—viz., that increased facilities for the study of insanity should, if possible, be provided.

“Q. And it passed a special resolution at its last session, approving of some such scheme as that which we have now before us?—A. Certainly.

“Q. You think that some arrangements should be made for the admission of pupils?—A. Yes, certainly; pupils should be admitted, or the purpose of the institution would utterly fail; but I am not prepared to discuss the question of details.”

Dr. QUAIN:—

“Q. Do you think there would be advantages which might arise

from affording to the members of the medical profession increased facilities for the study of insanity?—A. Decidedly, members of the medical profession would thus be rendered better qualified than they are at present for the discharge not only of their legal but of their professional responsibilities in regard to mental unsoundness.”

Dr. BATTY TUKE :—

“Q. Should pupils be admitted to see the practice?—A. Certainly.

“Q. And under what regulations?—A. The ordinary regulations of a hospital.

“Q. During the visiting hours of the physician?—A. Yes.

“Q. Would you place any limit upon the number of the pupils?—A. I do not think it would be necessary. One could distribute them over the week in prearranged parties; or you might do what I occasionally do in Edinburgh, have the patients in a large lecture-theatre, and address the students exactly in the same way as you do about ordinary cases in clinical lectures.

“Q. To what extent would it be possible to establish student appointments, clinical assistantships, and the like: would they be useful?—A. I should think so. I should think it would be on exactly the same lines as a general hospital.

“Q. Now with reference to its effect in diffusing and increasing knowledge of the early symptoms of insanity among the medical profession. What is your opinion of the probable value of such an institution as this in the neighbourhood of great medical schools?—A. I have been teaching insanity now for many years, and to pretty large classes, and the only means of illustration I had was taking my students to the asylums in the neighbourhood of Edinburgh; and the result of my experience has been that the worst place to teach insanity to the student is the ordinary asylum, for the simple reason that there all the cases are in a condition in which they have passed practically out of the possible supervision of the general practitioner, and that those incipient symptoms which you detail and describe with the utmost care to your class are there utterly impossible of demonstration. Therefore, if you could get an establishment such as we are speaking of, I believe you would be able to present those symptoms which are really important to the general practitioner and to the student.

“Q. Symptoms which the general practitioner ought to be able to recognise in their full significance in their early stages?—A. Yes.

“Q. I presume you would be of opinion that the average general medical practitioner of the present day has had no opportunity of acquiring any competent knowledge of the earlier symptoms of insanity?—A. That is so; and yet he is invested by law with a very con-

siderable power over the liberty of the subject in virtue of a supposed knowledge, which in fact he has had no opportunity of obtaining.

"Q. Therefore, his opinion on the actual fact of sanity or insanity is less valuable than the law assumes it to be?—A. Yes, certainly."

Dr. WHIPHAM:—

"I think great advantages would arise from affording members of the medical profession increased facilities for the study of insanity. I have just heard the latter part of Dr. Bastian's evidence, and I agree with him that the student in the early part of his career has great difficulty in obtaining any practical knowledge of insanity. He may read it in books, but practical knowledge he does not acquire, simply because he has not the time and opportunity to acquire it. If this hospital were instituted, I think it would be, on this ground, a movement in the right direction."

In submitting the foregoing evidence, the Committee are, of course, well aware that it forms no part of the duty of the London County Council to afford facilities for the conduct of medical education, or still less to spend the money of the ratepayers for such a purpose. They feel, nevertheless, that when advantages of this kind would certainly arise from the adoption of a scheme which may legitimately be carried into effect on other grounds, the Council may properly consider those advantages as elements in guiding them to a decision. It is clear that the facilities in question are required in the public interest; and it is also clear that they cannot be procured by any voluntary effort, or by any effort on the part of those who are engaged in medical teaching, on account of the legal disabilities which attend upon insanity. The insane must be and remain in the place which is assigned to them by those who are entrusted with the duty of protecting and of endeavouring to cure them; and, unless that place is available for the purpose, the materials of medical education in relation to insanity are practically shut away from those by whom they might be employed.

Having thus been brought to recognise, on two different grounds, that the establishment of the proposed hospital would probably be of advantage to the community, the Committee had next to consider its size. On this point the opinions given have varied within rather wide limits, and it does not appear necessary to quote them in detail. After careful consideration of the point, the Committee decided to recommend a hospital containing one hundred beds, equally divided between male and female patients. Many witnesses were in favour of a much larger institution, only one advocated a smaller one; but as the hospital would, in the first instance, partake somewhat of the nature of an experiment, it is believed that the size specified would be sufficient as a beginning. It might be desirable, if practicable, to place it upon a site which would admit of future enlargement.

For an establishment of this size the Committee is in general accord with the witnesses in relation to the number of the medical staff. There should be four visiting physicians, with a senior and junior resident physician; and the visiting staff should be assisted by the following consultants: namely, a surgeon, an ophthalmic surgeon, an aural surgeon, a laryngologist, and a gynaecologist.

With regard to the four visiting physicians, it seems to be highly important that each one of them should also hold office as physician or assistant physician at some general hospital. It is only by such a provision that it would be possible to secure, in the gentlemen selected for the appointments, a wide acquaintance with general medicine, a habit of investigating disease, and the necessary readiness in teaching. It is, perhaps, desirable to quote the opinions of a few witnesses on the point.

Dr. CHARLTON BASTIAN :—

“I like the notion of restricting the members of the visiting medical staff to those who hold office in general hospitals. I think it is a very good principle, and one which is likely to be fraught with advantage. Men who are connected as physicians with general hospitals are kept along the broad groove of general medicine, and they are more likely, I think, to be able to study a subject of this kind newly, and with advantage, than those who are simply specialists.”

Mr. BRYANT :—

“It is most important that an institution of this kind should be taken out of the hands of pure specialists, and put under the guidance of medical men with a wide experience. So that I hold that the visiting medical staff should be men who have held or hold office in a general hospital, in order that the fullest and broadest kind of knowledge should be brought to bear upon mental disease.”

Dr. BUZZARD :—

“I think it is important that the members of the visiting staff should also hold office in general hospitals.

“Q. Will you state your reasons for that opinion?—A. It is because their field of observation is so much wider.”

Dr. FERRIER :—

“Q. Do you think it important that the members of the visiting medical staff should also hold office in general hospitals?—A. I think it is very desirable. I do not know that I should make it altogether essential that they should do so.

“Q. Do you think it would add to the value of their services?—A. I think such men would be more likely to take a wider view of the subject with which they were dealing; but still, I do not think that I should insist upon that. If a man wished to devote himself

entirely to the study of insanity, I should allow him to do so without distracting him by compelling him to attend other hospitals, or other kinds of practice."

Dr. GOWERS :—

"I should say emphatically no member of the visiting staff should be a man who has not at some time been physician to a general hospital. There is a marked and harmful tendency in the present day to merge specialism into exclusivism."

Professor HORSLEY :—

"I do not think you will be able to get the class of man you require unless he holds an appointment in a general hospital. That is the conclusion I have come to. There is one point also which bears upon that question, and that is this—that a gentleman who is already on the staff of a general hospital is in direct touch with the schools ; but if a man is not he has no connection with the students, and consequently probably would not have the same experience in dealing with them."

Mr. HUTCHINSON :—

"It is very important that members of the visiting medical staff should either hold office or have held office in general hospitals.

"Q. You think it important they should be in general touch?—

A. Yes, that would be an essential feature, I take it."

Dr. STEPHEN MACKENZIE :—

"Q. Do you think it important that the members of the visiting staff should also hold office in general hospitals?—A. I think that ought to be a *sine quâ non* ; because I take it the object of the institution is to bring the treatment of the insane into harmony with the treatment of general disease ; and the men who are in touch with the treatment of all diseases and who have to teach medical students, and therefore must be abreast of the work, are the men who ought to be got at."

Professor MARSHALL :—

"Q. Is it important that the members of the visiting medical staff should also hold office in some general hospital?—A. I think so, certainly. Specialism is apt, to a certain extent, to narrow the range of the mind. There are exceptions to that ; but I think that a person who holds office in a general hospital would be more likely, as a rule, to take broader views, and to be more *au courant* with the advance of every department of his profession than a specialist. Therefore, I think it would be better that the visiting medical staff should, if possible, be connected with general hospitals."

Dr. QUAIN :—

“Q. Do you think it important that the members of the visiting medical staff should also hold office in general hospitals?—A. I should think it desirable, and it certainly would not be objectionable.”

Dr. WHIPHAM :—

“I think it would be advantageous that the members of the medical staff should hold office in general hospitals. Practice in a general hospital prevents a practitioner from drifting too much into specialism.”

The next question to be considered was whether the members of the visiting staff should receive remuneration; and on this the Committee found differences of opinion among the witnesses. In the three oldest of the London general hospitals, it is believed that the members of the visiting staffs receive payment from the funds of the institutions; but in hospitals of more recent foundation they are unpaid. In these, however, they receive fees for teaching in the medical schools affiliated to the hospitals; the amount of such fees varying year by year with the number of students, and not being in any way controlled by the governing bodies of the hospitals themselves. The staffs may also be said to be paid indirectly, in enhanced professional position, facilities for instituting and publishing research, facilities for obtaining consulting and other practice, and so forth. Analogous advantages would, no doubt, be conferred by holding office in the proposed hospital; and fees for teaching would be likely to accrue in time. It was generally felt, however, that it would be better for the visiting physicians, as the servants of a public body, to be paid, and thus to be brought more directly under the control of their employers; but that this payment need not, in consideration of the indirect advantages involved, amount to the value of the services rendered. It would be desirable that the fees paid by students should be divided among the staff; and, if the amount of these fees ultimately became considerable, the amount of the direct payment might possibly be reduced. Dr. Gowers strongly advocated payment of the visiting staff, and brought forward an argument which it is desirable to reproduce. He said :—

“Unless a visiting physician is paid when his knowledge becomes of the greatest value it is a loss to him to continue hospital work. This ought not to weigh, perhaps, but practically it does. In the case of nervous diseases, increasing knowledge increases the power of learning. So that a physician's power of gaining knowledge continues to increase during his active life, and if physicians are not paid at the time that power becomes greatest, the attendance of say two hours a week is equivalent to a loss from which men shrink as a matter of fact. Every effort, of course, should be made to save the money of

the ratepayers ; but I believe that the course I have suggested would end really in a saving, because more efficient work would be done, and the main object, of course, should be to get the greatest amount of good out of such an institution, and that I believe would conduce to it."

The work of the remaining members of the visiting staff, that is to say, of the surgeon and of the specialists, would be of a more intermittent character, and would probably be undertaken by competent men without direct remuneration. It is proposed that the patients should be primarily under the care of the physicians, and that the surgeons, either the general surgeon or the specialists, should only be called in when their assistance was required. This would possibly be only at long intervals for each officer, and the chief use of making the appointments would be to afford the physicians the certainty of being able to obtain the right kind of help when they desired it. In such circumstances, if any payment were made it might perhaps take the form of a fee for each case or for each attendance. For these officers, moreover, it would be sufficient to require that they should hold, or *should have held*, office of a similar kind in either a general or a special hospital.

For the senior or chief resident medical officer, it would be necessary to obtain the services of a gentleman of asylum experience, who would be fully capable of dealing with any of the emergencies likely to arise in a hospital for the insane, and who was familiar with the methods of treatment, moral or other, now commonly employed in relation to them. The qualifications and the position of such an officer have been very clearly described by Dr. Gowers, who said :—

"In my opinion the residents should be well-trained men, who have, if possible, devoted their special attention to insanity. I think that they should be sufficiently well paid to take responsibility, and to act with, rather than under, the visiting physicians, and that no visiting physician should be a specialist in insanity. Specialism in insanity should be obtained entirely from the residents. The visiting physicians should be men who devote their attention rather to diseases of the nervous system than specially to insanity. The great need of the present day is to bring the knowledge of diseases of the brain to bear upon what are called diseases of the mind. After careful consideration, I do not see any other way in which this result of practical and effective co-operation can be obtained. It might be practicable to have, among the visiting physicians, some specialists for insanity, and some specialists for nervous diseases ; but then the different patients would be under different influences. It would not be permanently feasible for some visiting physicians who are specialists for insanity and others who are specialists for nervous diseases to work together effectively. If you are to have the joint action of the two, I see no

alternative to the plan of making the residents the one and the visiting physicians the other. It is, I think, not only desirable, but essential, that the residents should be men who have had a thorough asylum training, and who are competent to deal with the emergencies of the insane. If, then, the visiting physicians are men who have been themselves engaged in advancing the study of nervous diseases, and there can be established rather a co-operation than a strict subordination, the desired relation would follow if the residents were men of some standing, such as those at Bethlem."

Although Dr. Gowers here spoke in the plural, the necessities of the case would probably be met if the senior resident alone were possessed of the indicated qualifications, the junior resident being merely a young physician, who would be likely to hold his office for a year or two on account of its educational advantages. The senior, in the case supposed, would necessarily require a salary equivalent to that which is now paid for superintendence in the smaller lunatic asylums; while the junior might be obtained at a lower rate of payment.

It yet remains to speak of an officer who is held, by all the witnesses examined, to be essential to the complete success of the scheme, namely, the pathologist. The question whether this officer should be resident in the hospital has not been considered; but it is certain that his duties would occupy much of his time, both within and beyond what might be described as official hours of attendance. Partly on this account, and partly because it would be necessary that he should possess a high degree of skill in the conduct of investigations into the nature of morbid changes, it would be necessary that he should be liberally paid; and the remuneration suggested by Sir James Crichton Browne would probably be inadequate. It would only secure the services of a comparatively inexperienced man, who would soon be seeking opportunities of taking his increasing skill elsewhere; and such an arrangement would be fatal to continuity of research. The duties of the pathologist would consist not only in the careful study of the changes wrought by disease in the organs which might come under his notice in the course of post-mortem examinations, but also in the conduct of similar investigations with regard to the blood and the secretions of patients who were still under treatment; so that he should be equally well versed in chemical and in microscopical methods of research. The following are some of the opinions given in reply to question 17.

Dr. CLIFFORD ALLEBUTT :—

"I think that that is of the highest possible importance. I do not think I need add much to what we have just heard from Sir Andrew Clark on this point, with which I entirely agree, but I may add that we have had a paid pathologist for many years at the West Riding Asylum. That example was followed by the Wadeley Asylum,

which is also in the West Riding, and by Dr. Savage at Bethlem. In respect of the time that these post-mortem examinations take, I may say that at this moment, or when I was a visitor—for the asylum has now gone over to the Council—one post-mortem, which our pathologist, Mr. St. John Bullen, had undertaken, had up to that time taken him twelve months. I do not mean, of course, that he was occupied with that case exclusively, for he had many other cases going on.

“Q. The textures were still under observation?—A. They were still under observation. I may say also that the finer structure of the normal brain is not yet all mapped out.

“Q. In short there is physiological work for him to do as well as pathological?—A. Yes.”

Sir JOHN BANKS :—

“Most assuredly. It would be money well spent.”

Dr. CHARLTON BASTIAN :—

“It is most important that there should be such an officer; and a thoroughly competent man, of course, would be wanted for such work.”

Sir JAMES CRICHTON BROWNE :—

“Yes; and you would have no difficulty in getting a young and highly qualified man, anxious to carry out microscopic and pathological work, and who would be glad to go to a hospital like the one contemplated, where he would have a large amount of material at his disposal, and who would be glad to accept £100 a year and board.”

Mr. BRYANT :—

“I think it is most essential that there should be a skilled pathologist—a thoroughly skilled man—a man, not skilled in this branch only, but a man who has learnt his work in a general hospital, and would be recognised as a first-class pathologist. Unless you have a pathologist, you will lose very much of the benefits of an institution of this kind. The resident medical officers, with their general duties, might be apt rather to shirk pathology, whereas a special man, with special duties, would not.

“Mr. LONGSTAFF : That would, of course, necessitate a laboratory with sufficient accommodation for six or eight students to work at once?—A. It would. You must have a dead-house, and you must have a post-mortem room, and all you would want beyond these would be a nice light laboratory.

“Q. You would want a students' laboratory, in addition to the pathologist's private laboratory?—A. Yes. But I do not think it need occupy much space, and it need not be at all expensive.”

Dr. BUZZARD:—

“Certainly; it would be almost essential.”

Sir ANDREW CLARK:—

“Eminently so.

“Mr. LONGSTAFF: I understand you to agree that it would be necessary to appoint a skilled pathologist. One of the previous witnesses said that the duties of this pathologist would be very laborious, in consequence of the extreme difficulty that attaches to minute investigations of the nervous system. Is it your opinion that that would be the case?—A. If you are to take high standards and high aims, I should say no doubt it would be extremely laborious. All modern investigations of the kind imply laborious work. The work of a microscopist in steeping, and staining, and slicing, and mounting is in a degree laborious; but I do not call it a whit more laborious than the clinical work of a physician in the wards, which is very laborious, indeed, if it is thoroughly done. At the same time, I do not think you could get a pathologist who would serve you in the best manner, with fidelity and ability, without paying him.

“Q. What I was meaning was this: on an average you would not take much longer to complete a satisfactory post-mortem examination in a case of insanity than you would take in a similar case, we will say, of heart-disease or phthisis?—A. I am aware of that, but I meant to answer you by showing you the immense difference between the two. Take a case of heart-disease, the autopsy is made quickly, and the great majority of the pathological changes in heart-disease are visible to the eye, and those that are not visible to the eye are very readily demonstrated under the microscope by short and easy processes. But I began by saying at the beginning that there were two great classes of brain-disease: one, so to speak, in gross—what we call gross, naked-eye lesions, changes in the brain structure that you can see and touch—and a second class of changes which are not visible to the naked eye, which are not always clearly visible under the microscope, and which require other very delicate processes for their investigation, and that those finer changes in the nervous system are of the very sort which underlie what we call insanity, and about which at present we know little. Now, if you want a man to engage in this inquiry, you will see at once that he has not only to make sections, to stain them, and mount them, and examine them with the microscope, but he may have to deal with them chemically and physically by means of delicate, difficult, and lengthened processes. Let me give you an illustration. A man examines two bits of brain, and he is satisfied there is some difference between them, but he cannot tell where it is. He cannot make it out with the eye. He hardens them; he stains them; he slices them; he mounts

them ; he compares the one with the other ; but he cannot discover the difference. Then he has recourse to some chemical tests. Perhaps he does not discover what the difference is even by chemical re-agents ; it eludes him. Then he resorts to physical processes ; he will take the density of these two bits of brain, and suddenly perhaps he discovers a great difference ; one is comparatively light, and the other is comparatively heavy. He says one is diseased, the other healthy, and he knows that he is in the right way to discover what is wrong. But beyond the naked eye, beyond the microscope, beyond chemical reactions, there are changes of molecular action which may occur, and which are not demonstrable by physical processes of those kinds. Well, if your pathologist is a man whose knowledge of scientific methods is on a level with the time, he will have to employ all those processes in the conduct of one autopsy ; and he may be weeks occupied with the investigation, doing valuable work, even if it issues only in negative results."

Dr. FERRIER :—

"Undoubtedly ; and I should regard the pathologist as one of the most important officers of the whole institution. It is in the department of pathology, or morbid anatomy, in which we more particularly require investigations by all the most precise methods. Mere outward appearances tell us little or nothing in a very large proportion of instances. What we require is the most minute examination of every region and tissue of the brain, with a view to discover, if possible, the organic foundations of the morbid manifestations characteristic of insanity in its various forms."

Dr. GOWERS :—

"Unquestionably."

Professor HORSLEY :—

"It is absolutely essential that a highly-qualified pathologist should be appointed. That is a point in which I am specially interested ; but still I do not think that I am biassed at all in saying that I think there should be a distinct institute or laboratory consisting of two or three rooms, with, of course, a post-mortem room, and so on, and there should be at any rate, a small pathological institute for anatomical research."

Mr. HUTCHINSON :—

"That seems to me to be very desirable.

"Q. You would think him an important person?—A. Very important."

Dr. STEPHEN MACKENZIE :—

"Certainly."

Professor MARSHALL :—

“Most decidedly. If this hospital is to be of the smallest possible use to medical science, you must have a well-qualified pathologist, or else it will lose its scientific interest and its scientific and practical value.”

Dr. QUAIN :—

“Certainly. That would be one of the means for obtaining very valuable information on the subject of insanity.”

Dr. BATTY TUKE :—

“Most certainly. And the pathologist should have a large staff of assistants, because the investigation of such cases requires a series of processes which one man cannot carry on by himself. He would probably require two or three assistants for the proper investigation of the insane brain and nervous apparatus. Each post-mortem examination would occupy at least a week or ten days, and therefore you see the necessity for a large staff in that department.”

Dr. WHIPHAM :—

“I think that a pathologist is an absolute necessity. The advancement of knowledge of diseases of the brain, and of its treatment, depends entirely upon pathology, and unless there be a skilled and competent pathologist, I think that progress would be slow and uncertain.

“Q. It is through pathological investigation, more or less specialised, that advance is to be looked for?—A. Yes.”

The question of the locality of the proposed hospital is one on which different opinions have been expressed, not only by the witnesses actually examined, but also by those superintendents who were favourable to the project. Generally speaking, it may be said that those who cling most tenaciously to the notion of “moral” as opposed to “medical” treatment, will be found to attach the greatest importance to a suburban or rural site, with airing-grounds and facilities for exercise—conditions which have unquestionably been shown by experience to be of great advantage in promoting *recovery* from insanity, but which would not of necessity be equally important with regard to *cure*. But the proposed hospital is advocated on the special ground of the desirability of bringing distinctly “medical” treatment to the aid of “moral”; and hence, as a visiting medical staff of the required quality could only be obtained in a great city, and could not reasonably be expected, unless very highly paid, to visit regularly at an institution far distant from their homes, it seems to be a matter of necessity that the hospital, if established at all, should be established in London, where a compensation for disadvantages of locality might be hoped for from the advantages which such a site would afford in the way of directing and regulating treatment. It might also be hoped that, to whatever extent insanity might be found to become amenable to hospital methods, the probable success or failure of such methods would

not long be doubtful in any given case, so that a long detention in the hospital would only seldom be required. It may be expected that experience would soon prove the advisability of drafting some patients into asylums as inmates, and of sending others there as to institutions in which the cure might be watched through the stage of convalescence to complete restoration. The Committee feel, therefore, that the hospital must of necessity admit of being described as "in" London, and that the utmost possible in the way of removal would be to place it in some suburb, to which there was easy access by trains or other conveyances. Not only the necessities of the staff, but also the convenience of the friends of patients, would be greatly promoted by such an arrangement. The subjoined evidence bears upon the question.

Sir JAMES CRICHTON BROWNE (who advocated the establishment of a larger hospital than the Committee feel able, in the first instance, to recommend) said:—

"I do not think that a hospital of that kind ought to be in the country, but in London, in order that you might secure the frequent and regular attendance of the medical staff; and then, too, it ought to be easily accessible to friends of patients, for it is a hardship for them to have to go down to such places as Colney Hatch or Cane Hill, at an expense of two shillings or three shillings. There is not only the railway fare, but in some cases the asylums are at a little distance from the station.

"Q. It practically involves also the loss of a day's work?—A. It does.

"Q. The question was raised at our last meeting as to how far the fact of the hospital being in London—which is clearly a necessity if we have a visiting staff—would interfere with the curative influences of open air, recreation, etc.?—A. Not at all. Open-air treatment and recreation, including farm and garden work, cricket, croquet, and bowls, are generally resorted to in chronic cases. But in a great many of the acute cases that are sent into asylums it is not work or exercise, but rest that is wanted. The patients have been over-worked, fatigued, exhausted, under-fed, and over-worried, and they want rest. All that you would really require in a lunatic hospital in London would be sufficient amount of space for gardens, in which airing and exercise might be taken, and a little ground for lawn-tennis and recreative purposes. I do not think that a farm or anything of that kind would be necessary or desirable. Of course, when any case presented itself in the hospital in which farm work, such as digging, pushing a wheelbarrow, or vigorous exercise of that kind was judged requisite, or in which it was thought that country life might prove restorative, the physician would have power to send that case to Banstead, or to Wandsworth, or to some other asylum in a rural district; but certainly there will be always in London, in

your district, six hundred cases of acute prostrating and disabling forms of mental disease, for which farm work and out-door employment must be a very secondary consideration when compared with medical treatment, rest, regulation of diet, skilled nursing, and proximity to friends.

“Mr. BURNS : Do you think that the close proximity of friends to the lunatics, and consequent frequent visiting, has much effect upon them?—A. I would not by any means shut them off from their friends. Isolation is a distressing feeling to add to the sorrow and suffering of insanity. Of course, each case must be judged on its own merits. Some insane patients are benefited by temporary separation from relatives and friends.

“Q. I suppose in many cases too frequent visits produce a bad effect upon patients?—A. Yes ; and in such cases the medical officer would have the power of prohibiting them. But the great majority of lunatics are not injured by seeing their relations. In fact, I have found that as a rule the visits of friends tend to cheer and compose insane patients. Friends bring with them to the asylums the wholesome influences of home, and inspire confidence and hope.

“The CHAIRMAN : And obviously, the more free the access of friends can be the less idea there is of people being shut up?—A. Yes. The more lunatic asylums are thrown open the less will suspicion attach to them, and our aim should be to abolish, as far as possible, all distinctions between the treatment of mental diseases and that of bodily diseases. We want to have mental diseases treated as much as possible like other diseases ; to do away with locks, straight waistcoats, high walls, isolation, the shutting of the patient up, and all those methods of the past which modern experience has condemned.

“Mr. BURNS : In short, you would treat insanity in a sane manner?—A. Entirely so.”

Sir ANDREW CLARK :—

“As a matter of fact, the hospitals in London will bear very favourable comparison in point of mortality with almost any hospitals ; and, therefore, unless the hospital were put in some very unhealthy part of London, I should myself see no objection. Of course, I think it would be really better to have it in the open country, but when I look at the statistics of the Middlesex Hospital, which is in the midst of a densely-populated district, or of the London Hospital, which is in the midst of two millions of people, I consider that the death returns of those hospitals are pretty much on a par with provincial hospitals, and they do not materially suffer from their position. If the hospital is well ventilated, well arranged, and cheerful, and if proper steps are taken for the dietetic and general management of the patients, I think that practically the asylum might as well be in London, or nearly as well, as out of it.”

Dr. GOWERS :—

“I think that the hospital should be situated in London. There are squares in London in which the site for such an institution might be obtained, and in which the use of the whole or of part of the garden might be obtained for the patients, under proper regulations, for a certain time in the day. I think it is essential that the hospital should not be far away from the medical schools. I would say that it should be within a mile and a-half of Ludgate Circus.”

Professor HORSLEY :—

“I think, unquestionably, that the hospital should be situated within the area at present occupied by the medical schools, for I think that the general improvement of the condition of the inmates which would result would certainly counterbalance any possible ill effects due to their being in the City. I mean to say that greater attention would be given to their cases; and since this hospital is to be founded with the view of increasing knowledge in the study of insanity, it seems to me unquestionable that it should be situated in the centre of a circle including the medical schools.”

Dr. STEPHEN MACKENZIE :—

“Of course, one would naturally wish that the treatment of such cases should be carried on in the country; but there are great practical difficulties in the way of that, and I should be certainly inclined to have it in town.

“Q. And your experience has taught you that people do very well in hospitals in London?—A. Undoubtedly, as regards their general health. Then as regards acute cases—cases of mania—it practically does not matter very much where they are. There are, of course, a certain number of chronic cases which would be better in the country than in town, but, on the whole, I certainly think it should be in London.”

Dr. BATTY TUKE :—

“The difficulty of obtaining a recreation ground in London is no doubt a very serious one. But, although it would be a serious want in such a hospital as is under contemplation, still I think that want might be counterbalanced by the other advantages it would present. If it could be placed out of London, but at such a distance that it could be reached by rail within a few minutes, that would vastly add to its success as a curative institution, and I doubt whether the experiment would be perfect unless it could be established under such conditions.

“Q. Should you attach any importance to massage as a substitute for muscular exercise?—A. I should to a considerable extent, not

only as a substitute for muscular exercise, but for the good results which you obtain from it.

“Q. By such means you might, to a considerable extent, counteract the ill effects of town residence?—A. Undoubtedly, to a certain extent.”

Dr. WHIPHAM :—

“Of course, an airing ground would be of great advantage, but the hospital is to deal with pauper patients, whose surroundings in many cases are as bad as they possibly can be—hygienically, morally, in every way. Such patients, if taken from their homes and placed in a hospital, and kept for a certain time under conditions of good light, good air, and good food, would be very greatly benefited without any exercising ground. Great good would result simply from the better surroundings. So I think with regard to this hospital, that although an area of exercising ground would be very beneficial, it is not an absolute necessity. I think the hospital ought to do an immense amount of good without any exercising ground at all, though if such a space can be secured for the purpose, so much the better.

“Q. Is that the case even at St. George's?—A. Yes. Patients derive much benefit in that way; they sit out in the quadrangle in the sun and enjoy it.”

An element of great importance in determining the question of site is, whether it is desirable to establish, in connection with the hospital, an out-patient department. The Committee are not prepared to recommend that this should be done in the first instance, or until a certain amount of practical experience has been gained in the management of the proposed institution; but are quite clear that it should be kept in mind as an eventual development, and that it should be brought into operation at the earliest possible time. The evidence is complete with regard to the existence of large classes of cases in which the patients could not be called insane, and in which they could not be subjected to any legal restraint; but in which their friends, and sometimes even themselves, are perfectly conscious of eccentricities, or of deviations from a healthy standard of thought, which, if taken in time, might be cured before more serious symptoms or conditions had displayed themselves. On this point :—

Sir ANDREW CLARK :—

“I feel more strongly about this question than any other, next to the establishment of the hospital. I think it would be pre-eminently desirable to have an opportunity of bringing before medical men the earlier aspects of disordered states, which might or might not issue in insanity. It is just that department of disease of which at the present day we know least. One difficulty is that we cannot get hold of

cases in the very early stages, when they are beginning to be out of sorts, and when the out-of-sortishness may be nothing more than common nervousness instead of the special nervousness connected with what we call insanity. Although it is a collateral subject, it may be permissible to state in illustration of this that I would have had no adequate knowledge—I do not say that I have a very great knowledge now—but I could have possessed nothing like the knowledge I have now, however small it may be, of disease, if I had not had the opportunity of fifteen years' work in the out-patient departments of two London hospitals. I attach the utmost value to it, and particularly in relation to making students familiar with the early aspects of disease, which otherwise they would never see, and would afterwards fail to recognise when seen."

Dr. STEPHEN MACKENZIE :—

"I should say as soon as ever an out-patient department can be provided for it would be most desirable, because we, as physicians, who have had charge of out-patient departments, see a large number of people with slight mental affections which cannot be dealt with in a general out-patient department at all. They are not looked after at home, and they require guidance; and if they were sent to proper institutions, and taken in from the out-patient departments into suitable places, I believe a great deal of good would result. I should, therefore, be greatly in favour of it.

"Mr. MARTINEAU : Have you, among the out-patients at your hospital, detected these insane cases?—A. I cannot say that I have had persons coming to me for general treatment who I should say required restraint, but I have seen a great many on their way to becoming insane.

"Q. And which you have kept by your treatment from so becoming?—A. I would not say that. One tries to do what one can, but it is another thing to say that one has prevented them from becoming insane."

Dr. QUAIN :—

"An out-patient department would be very desirable indeed. Many incipient cases might be brought there, and these might very likely be prevented from becoming worse by out-patient treatment, or they might be treated when discharged from the hospital.

"Q. And that more especially, probably, as knowledge increased with regard to the earlier symptoms and causes of insanity?—A. Yes, very likely."

Dr. BATTY TUKE :—

"I think it would be desirable. I have tried it, with a certain amount of success—not such a great measure of success as I should

like—in connection with the new Town Dispensary of Edinburgh, where, for years past, I have attended once a week; and a considerable number of patients, perhaps 50 or 60 per annum on an average, have attended; and I believe a considerable amount of good has been done by it.

“Q. These being patients who were conscious themselves, or whose friends were conscious that they were more or less what they would call ‘queer’ or ‘eccentric’?—A. Yes. I admit to a certain extent it has not been a success, inasmuch as it is resorted to very much by hypochondriacs. But still that is a condition that it is of the greatest importance to illustrate to the student.

“Q. And it is a condition, too, which causes great misery to the sufferer?—A. And to his or her friends.

“Mr. CARR-GOMM: Do you mean to say that your out-patients’ department is advantageous to these people, or that it is advantageous from a teaching point of view?—A. I believe both.

“Q. You were referring more to the teaching point of view?—A. No, I was not. At the time, I was thinking of the good of the patients. I believe we have averted a great many cases from asylums in consequence of being able to apply to them early treatment.”

In addition to the matters already dealt with, the Committee have received and recorded much valuable evidence upon questions of detail; such, for example, as the special features of construction which would be required in the proposed hospital, the extent to which female nurses might be employed in the male wards, and others. In the event of the hospital being sanctioned by the Council, these points of detail would require the anxious consideration of any committee which might be entrusted with the duty of establishing it and of bringing it into working order; but they are not matters with which the Council need be troubled at the present stage. They may therefore be passed by, in order to consider the question of the expense which the projected hospital would entail upon the ratepayers.

It became manifest very early in the inquiry that this expense would be considerable; although, in the opinion of so competent a judge as Sir James Crichton Browne, it need not be much greater than that of a well-managed asylum for the same number of patients. It was desired, however, to ascertain the opinion of skilled witnesses on the point how far such an expenditure was likely to be repaid to the public by the ultimate benefits which might be expected to arise; and for this purpose clause (e) was added to question 1. In reply,

Dr. CLIFFORD ALBUTT:—

“As to the eventual saving to the community, I should merely say that it is generally less expensive to the community to cure a patient than to maintain a person suffering from a chronic disease; but I do not pretend to have gone into the figures in detail.”

Sir JOHN BANKS :—

“Mr. BURNS: Do you think even from a pounds-shillings-and-pence point of view, spreading it over fifteen or twenty years, such an institution would be a distinct advantage to the community?—A. It would be of enormous advantage to the community. My impression is that nothing should be spared in carrying out this work.”

Dr. CHARLTON BASTIAN :—

“With regard to (e), there would undoubtedly be a great saving of misery and prolongation of life to members of the community by the establishment of such a hospital.”

Sir JAMES CRICHTON BROWNE :—

“Mr. MARTINEAU: We must face the fact that a hospital of this kind will be very expensive?—A. There can be no doubt about that.

“Q. £300 a bed at least?—A. Yes, for the building and furnishing. But there are county asylums that have cost more. The maintenance, too, would be very expensive. Acute cases must have special nursing and attendance and every luxury, but the great thing—the true economy—is to promote the recovery of such cases in every possible way. You have a man who is the head of a family who has become insane, and to give him champagne and turtle soup is strict economy if it will hasten his restoration to health, so as to prevent him from sinking into chronic lunacy, and leaving his wife and children a burden on the rates, while he himself has to be maintained during a long, useless, and vegetative existence. You can scarcely spend too much in such a case. There has been an unfortunate tendency, as I think, in some of the public asylums in England, in recent years, to enter upon a competition in reducing the rates of maintenance. In one asylum they have got down to 6s. a week.

“Mr. BURNS: And you think, in the long run, that it is not an economical policy?—A. No. I always told my committee, when I was at the head of an asylum, I didn't profess to do the work cheaply, but to do it well—to make the patients happy and comfortable, and to do everything that science and humanity could suggest for the alleviation of their condition or their restoration to health. We must remember that the incarcerated insane are inevitably subjected to many hardships; separated as they are from their families, prisoners to a certain extent, associated with beings in various phases of insanity, and often very objectionable in their habits, and we should do nothing to aggravate their lot, as by reducing their diet or depriving them of beer and tobacco, but strive to do everything that is possible to make their lives as pleasant and varied as may be.

“Q. And if the cost of such a hospital was spread over a period of fifteen or twenty years, do you think that even from the pounds-shillings-and-pence point of view, it would be a distinct advantage?—

A. Yes. Supposing the rate of recovery in England were ultimately, as the result of scientific study and treatment, raised 10 per cent.—that is not an Utopian anticipation—then, as the admissions to asylums in England are now 13,000 or 14,000 a year, you would every year prevent 1,300 or 1,400 people from becoming chronic lunatics, each of whom would cost during chronic lunacy at least £30 a year. Then may I point out an effect which has not, perhaps, been remarked upon : this lunatic hospital, if established in London, would confer benefits upon those suffering from mental disease in the middle and upper classes. The Committee is, perhaps, aware that the tendency of lunacy legislation is to abolish private asylums. Under the Bill now before Parliament no new licenses are to be granted ; and the hope is, that in course of time private asylums will cease to exist, and then private insane persons will be treated only in registered lunatic hospitals. Now these registered hospitals are public institutions, presided over by committees, and under medical superintendents, who must devote their whole time to their duties, and cannot be permitted to engage in consulting practice. But if private asylums are abolished, where are the consultants in insanity to get their experience in future ? All the specialists in insanity at present are connected with private asylums, and it is scarcely conceivable that a lunacy specialist could maintain his skill and usefulness if not connected with some asylum or hospital. Therefore, when private asylums are abolished, the well-to-do classes will, in a few years, be deprived altogether of that special skill which they will need when any member of their family becomes insane. But, if you establish this hospital, which we hold in view, you would create a class of lunacy consultants of the highest skill and experience.”

Mr. BRYANT :—

“I have thought a good deal about the question of saving the community, and I have no doubt there would be a very large saving eventually. This would not be seen for the first few years, however, because there would be the very heavy outlay, but that it would come there is not a shadow of doubt. It would come precisely in the same way as Dr. Gowers has explained the increase of knowledge as regards nervous diseases generally has been obtained.”

Dr. BUZZARD :—

“That is a question which it is exceedingly difficult to answer. It depends, of course, upon whether we are right in supposing that the investigations would be attended with a vast increase of knowledge. We think they would ; and if they are attended with that increase of knowledge, they would eventually be the means of saving money.

“Captain JAMES : It would be fairly reasonable to expect such increase of knowledge, would it not, having regard to the very recent

advances in our knowledge of the brain?—A. I think it would, decidedly. It would take a good deal of time, however, to make the results clearly apparent.

“The CHAIRMAN: This question is really the embodiment of one which Mr. Burns put to many of the witnesses: Is it likely that the ratepayers would be recouped for the expense of doing it?—A. I do not suppose the present ratepayers would.

“Q. But eventually?—A. Yes, I should say they would eventually, certainly.

“Captain JAMES: Just as they gain by advances in any other medical science, although it may be difficult to measure it?—A. Yes, for it is probable that unsuspected causes of insanity would be discovered.

“Q. Morbid changes which we do not know of?—A. Yes, and suspected causes. I cannot say of what nature. They might be, perhaps, occupation or surroundings. And if that were the case a great deal might be done for the prevention of insanity; and clearly that would effect an enormous economy. This has occurred to me from my experience with regard to other diseases of the nervous system. For example, there is a form of paralysis affecting all the limbs of the body which has in recent years been discovered to be due to excesses in alcohol. That fact was long unsuspected, and probably thousands of patients have suffered, and, perhaps, died of this form of generalised paralysis, without the cause being suspected; but the knowledge, which is now widespread, that that form of paralysis is commonly due to alcohol, clearly constitutes a great step in the direction of prevention. Now it may be that there are, as regards insanity, conditions which in the same manner are totally unsuspected.”

Sir ANDREW CLARK :—

“I have not, as I have mentioned to you, given any preparatory serious consideration to this point; but on the face of it, and looking into the question by the light of my general experience, I should answer that it is most likely to result in a saving to the community, of money as well as of health and life.

“Q. I might mention that Sir James Crichton Browne puts it to us in this way: he said, Calculate what would be the effect of an increase of an additional 10 per cent. in the rate of cure?—A. Yes. That is a very happy way of putting it.”

Dr. FERRIER :—

“Of course knowledge is power, and if we know more about disease we shall know better how to cure or prevent it; but I should not like to go beyond that general statement.

“Q. Sir James Crichton Browne put it in this way: It was always

cheaper to cure a man than to leave him an invalid?—A. Certainly. That is true. There are, no doubt, many difficulties to be overcome in matters of detail; but these may, I believe, be surmounted, and I am of opinion that the ultimate advantages to medical science, and through this to the community at large, by the establishment of a hospital of this kind, will be cheaply purchased even at a very considerable original monetary outlay.”

Dr. GOWERS :—

“There can be no doubt that almost every increase in knowledge finds a practical application, or will find it, and every practical application that can be made of such new knowledge means a saving to the community. This saving is often altogether beyond estimation, since the value to the community of mental health, preserved or restored, is a thing which cannot be measured by the actual saving of money, of which account can be taken. I should think there is a certainty that the saving would ultimately exceed the expenditure, and probably many times.

“Mr. MARTINEAU : Do you mean the pecuniary saving?—A. The pecuniary saving. Of course the result could not be fully manifest for a time, and perhaps not for a long time.”

Professor HORSLEY :—

“As regards the question of eventual saving to the community, I would say, from the general point of view, it would unquestionably lead to such a saving. There is another point that occurred to me which bears closely upon this subject. At the present time, if a case in one of the general hospitals, or one of the special hospitals, becomes insane, if it be a case of acute insanity it is admitted with fair ease into Bethlehem Hospital; but if it be a case of chronic insanity, it is admitted with very great difficulty indeed, and the case then passes to one of the pauper asylums, in which it is completely lost sight of. Now it seems to me that if an intermediate hospital were established, as you suggest, between the general hospitals and the asylums—and, for obvious reasons, I leave Bethlehem out of consideration under these circumstances—we should, I think, be then able to follow up cases that have arisen actually in general hospitals, and so we should get a complete history of them, and in that way should learn more; and it seems to me it would lead to a saving to the community, not only from increase of knowledge, but also because, if it be a sub-acute case, it might be treated thoroughly in a hospital of this kind—an intermediate hospital—and the patients might be discharged cured; whereas, if he were to pass under ordinary circumstances into a general asylum, his case might drift, and he could not

get that individual attention which he would get in this hospital, and, therefore he would become a chronic case, instead of being cured from the sub-acute condition.

“Q. So you think a saving would arise from a greater number of patients being cured, or prevented from drifting into a state of wreckage?—A. Yes.”

Mr. HUTCHINSON :—

“Q. The object of question (e) is really to obtain an expression of opinion as to whether such a hospital would be likely in the long run to pay its costs to the ratepayers—whether the benefits that would arise from it would be likely to be commensurate with its cost?—A. I should think there is no doubt of that. All increase of scientific knowledge is a pecuniary advantage to the public, and I have no doubt this would be.”

Dr. QUAIN :—

“The result of curing disease and prolonging life must always be economical, and quite as much in the case of insanity as in the case of other diseases.

“Q. Generally, we may take it you approve of the project, and think it would be one beneficial to the community?—A. Yes, without condemning the work done in the past, there is, I should say, great room for improvement. I fully anticipate that this step, if taken, will be a further advance towards the successful treatment and cure of insanity.”

Dr. WHIPHAM :—

“With regard to the question of the probable eventual saving to the community which such a hospital might be the means of effecting, I would say : If increased knowledge led to the successful treatment of patients, there would certainly be a saving to the community, for there would be discharged from the hospital as useful citizens men who would otherwise probably be a burden to the State for the rest of their lives.

“Q. So that in your judgment there is a definite probability that although the hospital would be rather costly, it would pay its expenses?—A. I think so, as far as I can judge.”

It would be exceedingly desirable, if possible, to place before the Council a well-founded estimate of what the expense of such a hospital would be. So much would depend, however, on locality, method of procedure (for example, it might be possible to rent a house which could

be adapted for the purpose at moderate cost, or it might be found necessary to purchase a site and to build), and other considerations, that nothing beyond conjecture is attainable. The Committee have, however, been favoured with a conjectural estimate by Mr. Burford Rawlings, the Secretary and Director of the National Hospital for the Paralysed and Epileptic, whose experience, alike of construction and of management, renders his opinion highly valuable, and whose figures, although he disclaims any possibility of minute accuracy, may probably be taken as furnishing a very near approximation to the truth. This estimate is given below *in extenso*; but it is necessary to remember, in considering it, that it relates to 100 persons, who must in any case be chargeable on the public, and must be provided with safe shelter, food, clothing, and medical and other attendance. The present total annual cost of 100 insane persons is at least £3,000.

"I beg to say, that exclusive of site, I should estimate the approximate cost of erecting a hospital for the study and treatment of insanity, to contain 100 beds for patients, with a day-room attached to each dormitory, a sufficiency of isolated rooms for special cases, and needful accessories, at £31,500.

"I arrive at the total thus :—

	£	s.	d.
Building of, say, two pavilions of 50 beds each, an administrative block, lecture-room, and chapel ...	24,000	0	0
Engineering work, including hydraulic lifts for passengers and food, heating apparatus, baths, service of hot and cold water, etc.	2,500	0	0
Fittings for kitchen, dispensary, etc.	700	0	0
Architect's fee, at 5 per cent. on above items	1,360	0	0
Clerk of the Works	250	0	0
Furniture and general equipment	2,690	0	0
	<u>£31,500</u>	<u>0</u>	<u>0</u>

"The maintenance of the hospital would require an annual outlay of about £5,750, exclusive of fees to be paid to the visiting staff, and exclusive also of the cost of clothing the patients and their personal laundry expenses, items which do not ordinarily enter into hospital expenditure.

SALARIES OF OFFICERS—

	£	s.	d.	£	s.	d.
Resident Medical Officer	300	0	0			
Assistant ditto (who might dispense)	100	0	0			
Pathologist (non-resident)	50	0	0			
Clerk and Steward	100	0	0			
Matron	80	0	0			
				<u>630</u>	<u>0</u>	<u>0</u>

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WAGES OF ATTENDANT NURSES—				£	s.	d.	£	s.	a.
1	Head Male Attendant	50	0	0			
1	Night ditto	50	0	0			
10	Male Attendant Nurses, at £28 to £32, say	...	...	300	0	0			
	Uniforms at £6 and laundry allowance at 52s. per head	...	...	103	4	0			
1	Sister	...	...	40	0	0			
1	Night Sister	...	...	40	0	0			
12	Female Attendant Nurses at £20 to £26, say	...	...	276	0	0			
	Uniforms at £3 and laundry allowance at 52s. per head	...	...	78	8	0			
							937	12	0

WAGES OF SERVANTS—

1	Engineer and Plumber	...	...	52	0	0			
1	Stoker	...	...	28	0	0			
2	Porters, at £28	...	...	56	0	0			
	Uniforms and laundry allowances	...	...	34	8	0			
1	Cook	...	...	26	0	0			
2	Kitchen and Scullery Maids at £14	...	...	28	0	0			
4	Housemaids at £16	...	...	64	0	0			
1	Laundrymaid	...	...	18	0	0			
(It is assumed that only certain indispensable laundry work will be done in the hospital, but this, like some other items, must be governed by the situation of the hospital.)									
	Uniforms and laundry allowances	...	...	44	16	0			
							351	4	0

Food, including stimulants and stores for an average household of 130 (maximum 142) persons, at £19 per head									
...	...	...	...	...	...	...	2,470	0	0
Laundry	...	...	...	...	...	...	150	0	0
Drugs and Dispensary expenses	...	...	...	...	...	...	250	0	0
Coals and Gas	...	...	...	...	...	...	400	0	0
Printing, Stationery, and Postages	...	...	...	...	...	...	75	0	0
Window-cleaning and Chimney-sweeping	...	...	...	...	...	...	20	0	0
Linen, Draperies, and Bedding	...	...	...	...	...	...	100	0	0
Furniture and repairs of same	...	...	...	...	...	...	100	0	0
Repair and cleansing of building	...	...	...	...	...	...	200	0	0
Rates and Taxes	...	...	...	...	...	...
Insurance and Petty Disbursements	...	...	...	...	...	...	66	4	0
							£5,750	0	0

“Or a cost of about £62 per bed upon an average of 92 beds occupied by patients.

"Although the proposed hospital is described as for pauper patients, I have not made any reduction in the estimated expenditure for that reason. The fact that it is intended the hospital shall be a scientific one, with a staff of visiting physicians, will inevitably tend to assimilate the conditions to those of a voluntary hospital, rather than of a parish infirmary.

(Signed) "B. BURFORD RAWLINGS."

To the above estimate must be added the suggested fees to the visiting staff, and it may be remarked that the salary assigned to the pathologist is very inadequate. Moreover, no allowance is made for the cost of a site; and, including these things, and the interest on capital, the total annual cost might amount to £7,000 or even £8,000; that is to say, to as much as £4,000 or even £5,000 annually in excess of the present cost of maintaining the insane persons who would be patients. On the very lowest computation, therefore, the expenditure would be considerable; but it is necessary not to forget the extent and the costliness of the evil which it is hoped the hospital, before very long, would serve to bring within more manageable dimensions. In round numbers, the insane population of England and Wales amounts to more than 82,000 persons, of whom about 10,000 are chargeable upon the County of London, and are under the jurisdiction of the Council. The annual cost of maintaining them is approximately £30 each; or nearly two-and-a-half millions sterling per annum for the country, and £300,000 per annum for the County of London. In the words of the speech in which the resolution for the appointment of the Committee was proposed, "insanity is an evil productive of an immense amount of individual misery, it deprives the community of many who ought to be capable workers, it sometimes descends from parents to children, it is believed to be increasing in magnitude, and it entails an enormous pecuniary burden upon the public." The proposed hospital, even if it accomplished no more than was suggested, as a somewhat early possibility, by Sir James Crichton Browne—that is, if it increased by ten per cent. the present proportion of recoveries—would before long diminish the expenditure of the county by no less than £30,000 a year. There is even one way in which it might at once begin to be contributory to the cost of its maintenance; for it is found by experience that, in large asylums, many of the cases of insanity of a temporary character, drink cases, starvation cases, and the like, which practically recover within two or three weeks, are not actually discharged until after a much longer detention. They are to some extent lost sight of among the crowd of inmates; and many of them, if they were under more direct individual observation, might be restored to

their homes and occupations, and might cease to be burdensome upon the rates, at a much earlier period.

In considering and discussing the very technical questions which fall within the terms of the reference made to them, the non-medical members of the Committee have been obviously compelled to lean, to some extent, upon the information supplied to them by their medical colleagues; but upon a general review of the facts and arguments which are summarised in the preceding pages, the Committee have arrived unanimously at the following conclusions:—

(a) That in the opinion of the most eminent and most experienced members of the medical profession, the knowledge which is possessed, with regard to the nature, prevention, and cure, of the diseased changes which underlie and occasion insanity, is not commensurate with that which is possessed with regard to diseased changes of other kinds, even those which affect other portions and other functions of the nervous system.

(b) That the difference in question is mainly due to the circumstance that patients suffering from insanity have been to a great extent withdrawn from the operation of the ordinary methods of hospital investigation and treatment, which have been so fruitful of good in the case of diseases of other kinds.

(c) That the establishment, on the ordinary lines, of a hospital for the study and treatment of insanity, with a visiting medical and surgical staff, could scarcely fail to be productive of increased knowledge of the subject, and, consequently, of increased means of prevention and of cure.

(d) That the legal disabilities of the insane, and the necessity for subjecting them to a certain amount of restraint, render it impossible for the suggested hospital to be established by private benevolence, or by any other authority than that to which the care and treatment of the insane are committed by law.

In view of these conclusions, the Committee are of opinion that the establishment of such a hospital by the London County Council would be a legitimate exercise of its powers, and a proper application of the funds of which it has control; and they therefore recommend—

(1) That an adequately equipped hospital, containing one hundred beds, for the study and curative treatment of insanity in pauper lunatics of both sexes, be established in the metropolis, and that it be under the direction and control of the Council.

(2) That the staff and general organisation of the hospital should be in accordance with the principles laid down in the preceding Report.

(3) That a Committee (which should be a sub-Committee of the Asylums Committee) be appointed in order to carry the foregoing recommendations into effect, and to report their proceedings to the Council from time to time as may be required.

The Committee have finally to call the attention of the Council to the assistance which they have derived from the medical gentlemen who, at great sacrifice of their valuable time, have attended before them to give evidence, and to recommend—

(4) That the cordial thanks of the Council be conveyed to these gentlemen for the assistance which they have rendered in the conduct of the inquiry.

R. BRUDENELL CARTER,

Chairman of the Committee.

Jan. 30th, 1890.

(B.)

[The following Paper and Discussion before The Hospitals Association in 1890 gives the views of the chief English Lunacy Authorities and Superintendents, on the proposals made in the Report of the Special Committee of the London County Council given in Appendix A.]

HOSPITALS FOR THE INSANE, AND CLINICAL INSTRUCTION IN ASYLUMS.

By RICHARD GREENE, F.R.C.P. Edin.,
Medical Superintendent of the Northampton County Lunatic Asylum.

THE whole subject of insanity has, for some few people, a strange fascination, but it is a fascination which never pleases, and often terrifies; so much so, that most men ignore the question altogether, or pass it by with a single glance which curiosity may have awakened. It is a sort of Bluebeard's chamber—rarely opened except by those whose duty or whose professions lead them to the door. And yet a disease from which, at any given time, nearly three in every thousand of the population are suffering must ever possess a greater importance than can be claimed by most of the other ills of life. Insanity has an importance, too, quite irrespective of the mere number attacked, for it places its victims in a peculiar position in relation to law and to society.

The Acts of Parliament which have been promulgated to meet the requirements of this disease would fill a goodly-sized octavo volume; and we hear on many sides that a Lunacy Acts Amendment Bill is one of the wants of the immediate future.

Society will pity the sufferer from every other disease, and may, perhaps, draw near him, but it shuns the lunatic even while it pities him.

On the first day of the year 1890, there were, in England and Wales, 86,037 insane persons registered as such, being an increase of 1,727 on the numbers of the previous year. Lunatics not kept for profit, but living with their friends, are not reckoned with the above. Their number is doubtful, but it cannot be less than ten thousand, and is probably much more. The total of 86,037 does, however, include private patients under cognizance of the Commissioners in Lunacy, private patients watched over by the Lord Chancellor's Visitors in Lunacy, pauper lunatics in county and borough asylums or in workhouses, and criminal lunatics whether in Broadmoor or

scattered through our public asylums, and paid for by the Prison Commissioners. Not fewer than 71,000 are paupers, and, great as is the cost of maintaining these, the amount so expended would not nearly indicate the whole sum which the State loses, directly and indirectly, from the ravages of insanity.

Whether the number of the insane increases in a higher proportion than can be accounted for by the increase of population, is still a disputed point, but it is unquestioned that the number of the registered insane increases steadily, and the need for further accommodation is, in some districts, a most pressing one. In the County of London alone there are 3,500 pauper lunatics for whom accommodation has had to be found in private asylums, or in the public asylums of other counties. It is impossible to say what sum of money is paid for the maintenance of these patients, but it can hardly fall short of £50,000 a year additional to what they would have cost had the wants of the London districts been anticipated as they ought to have been.

It will be seen that this subject affords a rich field for the explorations of the economist, the statistician, the philanthropist, and the reformer. All of these are crying aloud, "What is to be done to stem the tide of madness which overflows its boundaries in all directions?" Any proposal which has this end in view deserves the most careful consideration. On this occasion, however, I am desired by the Secretary of The Hospitals Association to refer chiefly to only two points, namely, "Hospitals for the Insane", and "Clinical Instruction in Asylums".

Before examining the proposal to establish in our midst these "Acute" Hospitals for the Insane, it would seem desirable to pass in review the existing condition of things. The county asylums are instituted for the dual purpose of providing a comfortable home for the incurable lunatic, and for promoting the recovery of the curable. There is an absolute unanimity of opinion that the first of these objects has been successfully carried out; and, until quite lately, no serious complaint was ever made that they had failed in the second. All sorts and conditions of the insane are received—curable and incurable, recent and chronic, epileptic and paralytic, idiots and dements—all find the door of the asylums open to them. It is necessary to bear this in mind when estimating the extent to which our county asylums can be looked upon as hospitals, in the ordinary sense of the word.

When reckoning the proportion of recoveries, it is usual to exclude cases transferred from other asylums, and then to calculate the percentage of recoveries on the admissions of the year. In this way we arrive at the fact that, during the last ten years, the recoveries in our public asylums have reached 40 per cent. per annum, being an increase of about four per cent. on the previous decade. When we remember the high proportion of epileptics, paralytics, idiots, and other incurable varieties of insanity which swell the admissions of the year, it does not seem likely that this per-

centage will ever be very greatly exceeded. In expressing this view, I am merely repeating what has been said by the majority of alienist physicians. Dr. Hack Tuke has put the matter very clearly in the following words: "I believe", says he, "the material on which you have to work is so exceedingly unfavourable, that when you have got your 40 per cent. of cures, you probably have got very near the limit of curability." And Dr. Major, of Wakefield, says: "I am constrained to express my opinion that in the large majority of the unfavourable cases admitted, the unhopeful prospect has been due, not to want of recourse to early treatment, but, so to speak, to inherent unfavourableness determined from the very outset of the mental symptoms."

It should be remembered, also, that this 40 per cent. of recoveries is calculated on the numbers of the insane *in* asylums. It takes no note of the recoveries occurring out of doors, which, if admitted either to county asylums or to acute hospitals, would materially raise the percentage of recoveries.

The means used to promote recovery in our county asylums are of the most varied description. In addition to what might be termed purely medical treatment, which, in many of our asylums, is most carefully carried out, we have almost every kind of occupation in which the insane can be induced to take part; every kind of amusement, indoor and outdoor games, country walks, discipline, and so on. It is from all these sources that the asylum physician draws his armamentarium, and it is the combination of one with the other which constitutes his treatment of the insane. He is ever on the out-look for fresh discoveries and new lines of treatment. When any new medicine is recommended, it is tried in every asylum in England, provided it has made its appearance with satisfactory credentials. It is true he is often disappointed with the results of these new medicines, and betakes himself again to his old and valued friends.

Classification of the patients is invariably carried out. Every asylum has its epileptic ward, its chronic ward, its ward for recent cases, and its infirm ward. In small asylums, the two latter are often joined. Now these hospital wards, as they may be conveniently called, have at command every possible means that can be thought of for advancing the recovery of curable cases; and so far as there is any difference between them and the proposed acute hospitals, the advantage lies clearly with the ward. The recent case much more readily subsides into the state leading to recovery when he sees around him a number of chronic patients who have made the asylum their home, and many of whom are willing to calm his fears and allay his suspicions. Then it is a common observation that association with the quiet, chronic lunatic has a most beneficial effect on the acute case, more especially if this association can be combined with steady employment of some kind. For instance, on the farm or garden, or in one of the workshops invariably attached to our county asylums.

Further, there is the steadying effect of discipline, certainly curative in its tendency, which can only be properly carried out when the chronic insane lend the magnetism of their numbers to it. The female patients find the counterparts to the farm and workshops in the laundry, sewing-room, and kitchen. In acute hospitals many of these important means of treatment would be non-existent, and others would be on so small a scale that little benefit could be obtainable from them as curative agents. Our county asylums possess yet another advantage. I allude to the interest often taken by recent cases in the welfare of chronic cases. Recovery is frequently initiated or hastened by this. I could produce, at least, four female patients, who, within the last year or two, owe their discharge from the asylum to the maternal instinct awakened by their having been placed in charge of idiot children.

The visiting committees of our county asylums have almost invariably supported the medical superintendents in all things pertaining to the treatment of patients. Scientific instruments, and suitable appliances of every kind, are willingly sanctioned—in short, everything which the medical officer may think necessary for the welfare of those under his charge is granted on application.

So much then for what has already been done for the care and cure of the insane, and although I should be the last to deny that our county asylums are not yet perfect, I do say most unhesitatingly that they are institutions of which the nation may well be proud, whether viewed as hospitals for the acute or as homes for the chronic.

One thing deserves special mention, namely, the administration of the funds. The average weekly cost per head for maintenance is only eight shillings and sixpence. It is said that the six largest metropolitan hospitals expend nearly twenty-five shillings per head per week. If this be so, it is clear that the hospitals have much to learn from the asylums, and, if managed on similar lines, they might treat double the number of patients with their present incomes, converting their impecuniosity into affluence.

With the object of increasing the usefulness of our county asylums, it has been proposed to organise out-patients' departments in connection with them. It is supposed that this innovation would conduce to early treatment of cases, and so prevent the development of insanity. If the proper cases availed themselves of the privilege, it is possible some good might accrue; but, at first sight, one would fear that those patients who most needed advice would be the last to ask for it, and that their places would be taken by hysterical women and others wholly unsuitable. The first stage of insanity is always difficult to diagnose, and the premonitory symptoms do not differ very much from those which almost everyone experiences at one time or another. Later on, when the disease is further developed, and patent to the eyes of all men, the individual does not believe he is insane at all, and very often he would angrily resent the idea. Probably cases of recurrent insanity would be those most likely to

be benefited by these out-patient departments. I should, however, like to know whether the proposal could be legally carried out. By what law could the medical superintendent of an asylum constitute himself relieving officer, medical officer, and Board of Guardians, and dispense out-door relief? Then it would seem to be beyond doubt that the out-patient departments of our general infirmaries are liable to the most terrible abuses. The working-man has his independence sapped; the general practitioner is robbed of his fees; and when neither of these charges can be fairly adduced, the infirmary is placing on the charitable a duty which ought to be performed by the guardians. It is, therefore, not very easy to see why these pauperising machines should have yet another added to their number.

When we come to the examination of the proposal to establish these acute hospitals, as they have been called, we find a great many assertions, a great many generalisations. We are assured that our county asylums have not done much for the cure of patients, and that if the hospital treatment were to be inaugurated we should see the percentage of recoveries go up by leaps and bounds. Even 60 per cent. has been gravely (or should I say jocularly) mentioned as the height to which the mercury in our recovery-scale might rise. If we ask for some little shred of proof for this extraordinary statement, we obtain none. But it has a fine sound in the ears of the multitude, and as the hospital idea is not very likely to be carried out in England during our lifetime, it is perfectly safe to make any prediction whatever concerning its value. Few of us can waste time in proving negatives.

Let me, however, ask what is this wonderful panacea for insanity, this unrevealed charm known only to the favoured few who wish to establish these hospitals? What is this subtle essence, this potent spell which consulting physicians are in possession of, and which is to cure sixty per cent. of our lunatics, while we who have devoted our lives to the subject are thankful when we can cure forty per cent. with all the aid that legitimate medicine can give, all the help which external arrangements, under the most careful conditions can afford?

I pause for a reply.

Now, it is quite possible—I may even go the length of saying it is probable—that one or two individual patients in every hundred *might* recover in a hospital who would not be so likely to recover in an ordinary asylum; but I am much more firmly convinced that a higher number would not recover in the hospital who would recover in an asylum, merely because it would be well-nigh impossible to carry out certain kinds of treatment without the presence of chronic cases, and without much greater air-space than could be looked for in large centres of population. Of course, I am here assuming that precisely the same classes of patients would be sent to the hospital as are sent to the county asylum. If selection of cases were permitted, it would be easy enough to cure sixty

per cent. of the admissions, or even eighty per cent.; nay, as many patients would recover more than once during the year, we might have some hospital pointing triumphantly to its records, and flaunting in our faces its hundred per cent. of cures!

But it was not only as curative agents that these hospitals pleaded for our consideration. They were to be schools where clinical instruction was to be within easy distance of the young practitioner and the student. Pathology of brain disease was to be prosecuted as it never had been before. Original research and scientific investigation were to go hand in hand until the clouds which surround the problems of insanity were to be dispelled for ever. Such was, or is, the taking programme.

It is impossible to say to what extent pathology is studied in our county asylums; but there is no doubt that it is ardently followed in some, and the figures I am about to quote will show that the opportunities for it are boundless in all. Last year there were in the county and borough asylums 5,251 deaths; and *post-mortem* examinations were held in upwards of 4,000 cases, showing a percentage on the deaths of seventy-six. In the half-dozen large private asylums where paupers are received, the percentage of *post-mortems* to deaths stands at sixty-eight. In lunatic hospitals, where the patients are almost wholly of the private class, the percentage falls to twenty-eight; and in those private asylums where no paupers are admitted, it is as low as eleven per cent. This extraordinary discrepancy may mean, either that the relatives of the pauper are more enlightened than those of his richer brother, or it may mean that the feelings of the rich man are respected, while those of the pauper are ignored. I hope it is not the latter. Of course, it must be remembered that some of the paupers have no relatives known; but the number of these is not nearly enough to account for the differences between seventy-six per cent. and eleven per cent. Nor can the differences be explained away by want of time on the part of the medical officers of lunatic hospitals and private asylums, as these institutions are greatly overmanned when compared with public asylums.

At all events, I have shown that there is no lack of material for pathological investigation; and certainly the more pronounced forms of brain disease are well enough known and recognised in our county asylums. What is wanted is a careful study of the finer forms of cerebral degeneration; and for this purpose our asylums could supply brain substance to a large army of pathologists. It is not necessary, perhaps not even desirable, certainly scarcely justifiable, from the ratepayers' point of view, that these pathologists should be paid officers of the asylums; and, manifestly, the need of these workers is no argument in favour of recent hospitals, as the work could be equally as well done elsewhere. But let the workers come from where they may; what we want is knowledge which will yield some good practical result, bearing fruit at the bedside of the patient. Why is epileptic insanity incurable? Is there demonstrable organic change in

acute mania? Are some forms of melancholia caused by poisons secreted by the patient himself? and would this explain the fact that acute melancholia is more frequently permanently cured than any other form of insanity? These and many similar questions want solution. At the same time it must not be inferred that if we knew the pathology of every variety of insanity, we should be able to cure every variety. Unfortunately, this is far from having proved true of many other diseases; and there are strong enough grounds for believing it would not prove true of insanity. Indeed, the form of insanity whose pathology is best known is just that one which is least curable. This is no reason why we should fall down powerless before a mystery. It rather gives additional reasons for patient, earnest investigations which success may one day crown.

With whom the hospital idea originated I do not know, but it has often been ventilated during the last thirty years. So far as I am aware, it was first suggested in a blue-book published about forty years since; and it was again referred to in evidence given before the Royal Commission in 1877.

Across the Atlantic, Dr. Kirkbride has issued his "special and earnest protest" against the separation of the acute and chronic cases. Dr. Nichols, of the Bloomingdale Asylum, New York, says "that if either system is to be applied to the exclusion of the other, he much prefers the congregate system."

Dr. Dewey, of the Illinois Asylum, lays it down as an axiom that an asylum should in every way resemble a home, an idea wholly incompatible with that of an acute hospital.

In 1883, Dr. Hack Tuke wrote: "I should not think it necessary, or indeed, desirable, to separate the acute and the chronic cases more definitely than is secured by distinct wards in the same building. There is nothing to prevent all modern appliances being employed for purposes of treatment under such circumstances, and there are reasons why, if it can be avoided, it is better to have chronic cases not altogether isolated from other classes." And again, in 1890, when referring to visits he had made to the acute hospitals at Heidelberg and Strasburg, he says: "I have failed to obtain any definitely satisfactory results as to the cures being greater than they are in ordinary asylums, taking into account the classes of patients admitted." At Strasburg, he says, "everything is done as regards treatment, and there is every possible internal appliance, and yet Professor Joly cannot give me any statistics of recoveries which at all prove that, under those circumstances, the chances of cure are greater than in an ordinary institution for the insane. It seems to me that there are in the best asylums, and have been for years in Great Britain and elsewhere, appliances which were supposed to be necessary for cure, with all the drugs at hand which are likely to be useful, the baths, etc.; and if the case is a curable one, it is quite as likely to get well in an ordinary asylum in

England—a really good county asylum with a good medical man—as it would be at Heidelberg or Strasburg.”

A leader-writer in the *British Medical Journal* says: “An enormous proportion of cases are associated from the beginning with such a degree of mental degeneration, or insane inheritance, that anything like sixty per cent. of recoveries is impossible. If it be otherwise; if this high percentage of recoveries is attainable, we are strongly of opinion that there is no good reason why it should not be attained in existing well-constructed asylums, officered as they are by properly qualified medical men. The hospitals already exist in Germany in several university towns; but they end in simply resembling the ward for recent or destructive patients in an English county asylum.”

Indeed, it is beyond all controversy that if we set on one side the epileptics, the paralytics, the cases of organic dementia, the idiots, the cases where the insanity is complicated by incurable thoracic or abdominal disease, the senile cases, and some other forms which need not be specifically referred to here, *we have not sixty per cent. left to cure!*

Dr. Cassidy, of the Lancaster Moor Asylum, writes: “I feel a compassion growing within me for the inmates of that hospital of the future. They are not only to be studied and physicked by the six physicians; they are also to be demonstrated and otherwise utilised for the instruction of classes of students; and, for those who require his services, the special pathologist will be in waiting.”

Dr. Thomson, of the Norfolk County Asylum, is of opinion “that to erect these hospitals on ordinary, or on special lines, in London, Birmingham, or other large towns, for occurring cases of insanity, would be most prejudicial.”

Dr. Urquhart, of the Perth Asylum, thinks “it is a question whether the aggregation of so many acute cases, without the quiet, chronic patients who give a stability to the asylum microcosm, will be so beneficial as is hoped. The phalanx of failures, whose well-considered routine constitutes the *force majeure* of an ordinary asylum, and into whose orderly ways the new-comer of ill-regulated brain drops by sheer force of superior numbers—the chronic patients may be missed.” And Dr. Urquhart adds that if this hospital “plan is to arise phoenix-like from its discredited ashes—he will give no help towards such a consummation”.

Dr. Clouston, of Morningside, mentions the Asylum of St. Anne, at Paris, and the hospital at Vienna, and he points out that “the proposers of the new hospitals are bound to face this fact, that the thing has already been tried, and more or less failed”.

I might further quote from the writings or sayings of Dr. Savage, formerly of Bethlem, Dr. Needham of Gloucester, Dr. Eager of Woodbridge, and many others; but the above extracts are amply sufficient to show the estimation in which this extraordinary proposal is held by those best able to form an opinion on it; and I doubt whether it would be

possible to find three English medical superintendents who have any real faith in the scheme. In fact, these hospitals are impossible in rural districts, and in large towns the difficulties in the way of construction would be almost insurmountable.

A word as to clinical teaching in these new abodes of learning. Let us suppose that the difficulties in the way of site, construction, and management have been overcome, and that the hospital has opened its doors for the reception of recent cases, and that students are admitted to its wards to study the various phases of insanity under treatment—the great difficulty would then begin. I assume there are about 800 senior medical students in London, and supposing that each student visited the hospital even once a week, it would mean that something like 130 students would be daily in the wards. I would ask those present, who are conversant with the treatment of insanity, whether it would be justifiable to subject cases of acute mania or acute melancholia to such an ordeal during six days of every week of their illness? There can be only one answer to this question. Some limit would have to be placed to the attendance of students, and I think it will have to be admitted that once more the Hospital for Recent Cases would fail, at least partially, in its object.

I have already quoted the views of many eminent alienist physicians who oppose the establishment of recent hospitals for the insane, and, although I have admitted that a few might be quoted on the opposite side, I assert, without fear of contradiction, that the consensus of opinion is almost wholly against them. Indeed, their institution in England would be almost revolutionary, and revolutions are at no time justifiable, unless the old form of government has failed, unless all means have been tried unsuccessfully to remedy defects, and, above all, unless the proposals of the rebels have a fair prospect of success. Now, I do not believe that the old form has failed. The recoveries, as I have already said, of all cases admitted reach forty per cent., and, when the condition of the patients admitted is taken into account, this percentage must be looked on as fairly satisfactory, although there is no reason why every endeavour should not be made to increase it. In fact, it is the bounden duty of the physician to make the attempt. At the same time there is no resisting the conclusion, which I have elsewhere pointed out,* that every cure in the present generation will be likely to increase the tale of madness and sorrow in the next.

In addition to the recoveries, many cases are "discharged relieved", when not perfectly cured. It should be remembered that insanity attacks the highest point of our organisation, and even if all acute symptoms have permanently subsided, perfect recovery does not necessarily result, because a very slight change in the brain-tissue may entail chronic insanity; whereas, after acute pneumonia or pleurisy, new products a hundred times more extensive, may remain, yet the patient is discharged, recovered, from his hospital.

* *Universal Review*, August 1889

It will be gathered that I have no faith in this hospital nostrum—this Morrison's pill—for hastening the advent of the lunacy millennium. I look upon it as one of those things which has not within it the elements of success, which has been already tried in other lands, and has failed. Nevertheless, if money—private subscriptions, I mean—were forthcoming, it might be tried again, if only to demonstrate once more its uselessness; or if, happily, it should succeed, no one will more gladly hail its success than I.

To properly try the experiment in the metropolis, it would be essential to construct a hospital large enough to contain all the cases occurring within the metropolitan area for six months. This would need a building, or buildings, large enough to hold one thousand patients. An average residence of six months would enable the hospital to have two thousand cases under treatment during the year—that is about the number admitted at present to the County of London asylums. Nothing short of this would prove anything definite.

If those who agitate for the repetition of a discredited experiment, as Dr. Urquhart calls it—which, at its best, would be unlikely to cure more than another lunatic in a thousand—if those men would use their talents to preach a crusade against drink, and against unsuitable marriages, and thus *prevent* insanity, the necessity for curing it would, in great part, disappear. At least we should see a marvellous diminution in the number of patients admitted to our asylums, and an equally desirable lessening of those nervous diseases which so often embitter the lives of the victims and their friends, even when the symptoms stop far short of actual insanity or alcoholic poisoning. I know that the preacher who takes up these themes will need the kindling fires of eloquence and energy, for verily he will find himself surrounded by mountains of ice, but, in the end, great might be his reward; how great may be imagined when I tell you that considerably over five thousand patients are annually admitted to our asylums whose insanity has been caused either by drink or by hereditary tendency. We may know all this, but we heed it not. Apathy takes the place of action, and we make no attempt to rescue these five thousand of our fellow-creatures who annually pass through the asylum gate. True, they are carefully tended when it is too late. Many of them are cured and discharged, perhaps to become again insane, or to perpetuate a race with the craving for drink irresistible, and the proneness to insanity intensified to a high degree. To no disease is the adage, "Prevention is better than cure", so applicable as to insanity.

Someone—Dr. Savage, I think—has said that only partial instruction could be obtained by students in these acute hospitals. This is very true. A student might attend most diligently, and carry away with him some idea of the symptoms and treatment of the acute varieties of insanity; but he would not know a Kalmuch idiot from a cretin. Perhaps it would not signify much if he did not know the distinctive features of these; but he

would be equally ignorant of the differences between common dementia and the dementia of general paralysis. He would have his doubts about the treatment of chronic mania and pure delusional insanity. He would hesitate in his diagnosis between general paralysis and alcoholic insanity. He might feel satisfied that a case of incipient general paralysis was merely accentuated vanity and egotism.

At the same time it is admitted on all hands that clinical instruction in insanity is one of the crying wants in the education of the medical student of to-day. In what manner, then, can we best turn to advantage those vast stores of material lying waste in our county asylums? Is there any ready means whereby the student or young practitioner can obtain practical insight into the treatment of this disease? At the outset we are met with the fact that the medical curriculum is already overburdened. The extent to which the systematic teaching of some of the collateral sciences has been pushed leaves but little time for the study of such practical, useful subjects as insanity; and it is hardly to be expected that the majority of students will engage in it until compelled to do so, or until those responsible for the curriculum omit from it some less pressing subject.

Already the medical superintendents of five or six asylums are lecturers on insanity at adjacent medical schools. The classes are, of course, well instructed in theory; and the members frequently have clinical teaching in the asylums. Something is effected in this way; still it is to be feared that the great bulk of our medical practitioners leave college having no more acquaintance with insanity than they may have picked up in the classes of practice of physic and medical jurisprudence.

It must be an extremely rare thing for any young practitioner living in the neighbourhood of an asylum to ask leave to attend the wards and study the cases. Throughout a long experience of county-asylum work I cannot remember ever having received such an application. It thus often happens that the medical superintendent of the county asylum is the only man within a radius of twenty or thirty miles who is able to speak with authority, or give an opinion founded on experience, concerning any case of insanity occurring in the neighbourhood. As the medical superintendent is prohibited by his rules from engaging in private practice, the unfortunate patient has either to do without special advice at all, or be put to the expense of having a skilled consultant from some distant town. Now, this prohibitory rule is one I should much like to see altered. There can be no reason why the medical superintendents of our public asylums should be debarred from practice in the speciality, provided it was limited to consulting practice, and the sphere of practice confined to their own counties. Such a privilege would in no way interfere with asylum duties. Probably the asylum would gain rather than lose; as, having to meet other medical men, would prove an additional inducement to superintendents to keep well abreast of the science of the day. Unquestionably it would be a real boon to many a poor patient.

This is rather a digression, and I shall return to my subject by saying that the remedy for the want of practical knowledge on the part of the junior practitioner and senior student would seem to lie chiefly in three directions. Firstly: All those asylums situated near large towns, having medical schools, ought to be visited regularly by selected bands of students, and these should receive clinical instructions from the medical officers. It is, alas, too true that medical men are rarely overburdened with work during the first year or two of practice, and there is no reason why these younger brethren should not attend the asylum, and pick up what knowledge they can of a disease which at any moment they may be called upon to treat.

In the Metropolitan district there need be no barrier to this clinical teaching. The asylums are of enormous size; they are within easy distance of town, and they are superintended by medical men of the highest standing in the speciality. The metropolis could be mapped out into districts; the medical schools within each district having allotted to them their appropriate asylum. Of course restrictions would have to be imposed, and carefully drawn rules enforced by the medical superintendent. What could be done in London on a large scale, could be done in our provincial towns on a smaller scale, and thus a certain amount of knowledge would be disseminated. Nevertheless, I am of opinion that the knowledge thus obtained can never be very great unless the receptive faculties of the student are unusually high. Residence under the same roof with the patients is the only certain way of acquiring a thorough knowledge of all the strange manifestations of this strange disease.

I now come to my second suggestion, namely: That students should be allowed to take three months' asylum practice in place of a like amount of the twenty-four months' hospital practice now required. This would involve but a very slight alteration in the curriculum, and in the regulations of the various examining bodies, and its advantage would be very great. Many a senior student would gladly take up the work in this manner during the interval of the summer and winter sessions. True, he could not in that time acquire anything like a mastery over the details of the subject; but he could obtain an amount of familiarity with it certain to be useful to him in the routine of practice.

Thirdly: I should like to see the appointment of clinical clerks more common than it is at present. I find that during the last ten years not more than fifty of these clinical clerks have been trained in our county asylums, and have gone into practice from them.

It would in most cases be easy enough to obtain the consent of visiting committees to these appointments; but the obstacle that lies in the way is the fact that not many of our county asylums have suitable rooms to place at the disposal of these resident clerks; and it is rather too much to expect governing bodies to build accommodation for what would really be much more to the advantage of the junior practitioner and of the public, than of the asylum itself.

THE DISCUSSION.

Dr. HACK TUKE, on the invitation of the Chairman to express his views, paid complimentary tribute to the lucidity and ability with which Dr. Greene had dealt with his subject, and the practical points he had brought before them with a view to meet the difficulties undoubtedly existing. In the first place he (Dr. Tuke) thought they were all most anxious that nothing should be said or done that could, in the least degree, damp scientific enthusiasm in the use of means which could, with any probability, promote the object they all had in view—the cure of the insane. He thought that was a starting-point upon which all were agreed ; at the same time, he entertained doubts as to the desired result being attained by recent proposals on the subject.

With regard to brain-surgery, most of them—and he for one—felt extremely sceptical, though if anything could be done in that direction no one would be more pleased than himself to see an advance made in the cure of the insane. He thought that they must all feel that the general conclusions of Dr. Greene's paper were correct—at least, they were his (Dr. Tuke's) opinions, and his judgment went with almost all that he had said in the paper. Referring to the various institutions for the treatment and cure of the insane, he believed that, after all, the asylums now in existence were the great means of cure, whether of the poor or the rich ; but he also held, and more strongly so than many, that well-conducted lunatic wards in workhouses might be very properly used for a certain class of chronic cases. As to the boarding-out system, that was but a very partial means of caring for the insane. The question of clinical instruction in asylums he considered a most important one, and, generally speaking, it might be admitted that there was some deficiency in scientific enthusiasm among those superintending the asylums in Great Britain. Enthusiasm ought to be encouraged, and clinical instruction was one of the means to that end. When they considered the large amount of pathological material in the asylums, what was there to prevent scientific research ? That material should certainly not lie idle. The fact was, however, that there was so much work in the asylums, not always of a medical nature, that superintendents were unable to devote all their energies to the subject, and to be really able to use the mass of material at hand. Among other things, therefore, they must look to an increase of medical officers and clinical clerks in institutions for the insane ; and to the extension of hospital treatment not separate from but connected with the asylum itself.

Dr. BLANDFORD said that he had not studied the subject to any great extent, but had been deeply interested in Dr. Greene's paper. Referring to the proposed establishment of a large hospital in London for acute cases, on somewhat similar lines to those abroad, he was at a loss—not having personally had opportunities of seeing the working of those abroad—to quite grasp the exact details of the proposed establishment. As far

as he did understand, the hospital was to be in the centre of London, accessible to the students of the other London hospitals. Dismissing, however, Dr. Greene's assertion that any central hospital for training purposes must at least accommodate 1,000 persons, he (the speaker) would like to know where they could find room in the centre of London for one with even only 100 beds. He was very much of opinion that those proposing the establishment of such an institution, having no preliminary knowledge of the requirements of a lunatic hospital, had based their scheme on the principles of an ordinary hospital for sick people. An idea had entered their heads that the patients must be put in wards, and kept in bed more or less under medical treatment, with all the resources of the pharmacopœia and modern surgery turned on to cure them. In conjunction with other things he had great faith in medicines, and he thought a great deal was to be done with drugs, but they must be coupled with other adjuncts which were not available in an asylum in London, or any other large city. In his practice he had seen a large number of insane people treated with all the pharmaceutic remedies, kept in bed, massaged, etc., etc., in short, treated in much the same way as was to be the case in the proposed asylum. But what effect had these on the patients? They ultimately went into asylums, and there it often happened that they recovered, because they were kept with other insane persons. He entirely agreed with Dr. Greene's views as to the benefits derived from order and discipline; it was for this reason that large asylums were so very much better than smaller ones, and why many persons would not recover in a small institution who would in one of several hundred inmates, where perfect order and discipline obtained.

Mr. HENRY C. BURDETT thought it was quite clear that the public should be guided on this question, for it would be monstrous if the rate-payers' money should be wasted on purposes held, or believed, to be impossible or useless; and for that reason he wanted to say a few words on the subject before some of the eminent authorities present joined in the discussion. He gathered from general opinion, not only here, but in foreign countries, that physicians felt that a special hospital could not be worked, and that if attempted it must fail. Dr. Greene had said that the experiment had already been made, and had been unsuccessful; but having no knowledge of this, he (Mr. Burdett) would be glad to be informed where the experiment was made. Now if those present felt it would be impossible to conduct a hospital for acute cases only—and to which would be attached all the excitement incidental to the work of a medical school—then he would say that their views ought certainly to be made the property of the public, and the reasons on which they were founded should be emphasised, until, to use an expressive Americanism, it had "caught on". If that was their view, what alternative would they propose? If some modification of a more thorough system were desirable, would they advocate the conversion of the infirmary portion of our asylums into small acute hospitals, or was a separate institution more desirable? On the question

of hospitals for the insane, it was of the greatest importance that all of experience should say whether the scientific idea was carried out to its fullest extent ; if not, to what greater limits it could be, and in what way. He thought the public should have clear guidance as to what the views of the faculty were on the question of a Metropolitan hospital for acute cases of insanity.

Dr. SAVAGE (late of Bethlem Hospital) owned to a very different opinion from that of Dr. Greene's, who seemed satisfied with county asylums. He (Dr. Savage) was not so contented himself with them, being in favour of some modification of asylums on the hospital system. His view, he was aware, might be thought to be prejudiced by his own experience. It seemed, however, quite impossible that 1,000 persons, including perhaps 10 or 20 per cent. of acute cases, could be properly treated from a medical point of view in a large asylum, unless a great increase in the medical staff were made. Commenting upon the word *insanity*, Dr. Savage said that it was a bad and misleading expression altogether. In some persons, what was understood by insanity might be brain-disease, perhaps incurable, while in others, a disease of the body might express itself in a disordered mind. The last-named cases should have the very best attention ; but how, he would ask, could that be assured in an asylum where the superintendent's supervision embraced a large number of inmates ? Though agreeing with both Dr. Greene and Dr. Blandford as to the difficulties in the way of the establishment of an asylum on hospital lines in London, it was his firm opinion that numbers of persons would be benefited by careful medical treatment—a condition he feared which was incompatible with the superintendence of a large county asylum as conducted at the present time. Referring to clinical instruction, Dr. Savage said he quite agreed with everything that Dr. Greene had said, and if it had been inferred that his views were antagonistic to the possibility of increased clinical instruction, he took that opportunity of modifying the expression. As to patients objecting to be examined before students, it was quite the reverse ; and the sight of a large number of students in the wards was nothing new at Bethlem. As a rule, however, the large Metropolitan asylums needed so much attention that time could not be devoted to clinical instruction. Clinical assistants had long existed in his institution, and they went into Bethlem for six months' residence, and he would certainly advocate an extension of the plan. As it was admitted that the general asylums were undermanned, would it not be possible, if insanity were reckoned in the course of study, to have a great increase of assistant medical officers by this plan ? It seemed to him, if they had a constant stream of medical officers passing through the asylums, there would be a twofold gain. First, a great gain to officials having the least enthusiasm ; and secondly a great advantage to the public. He joined in thanking Dr. Greene for the very able paper it had been his privilege to listen to.

Dr. W. HARDING wished to make a few remarks from an assistant

medical officer's point of view, and humorously remarked that as such officers had no standing, he could hardly expect that his views would be taken *au sérieux*. They felt that the question of hospitals for the insane had not been properly discussed. On first hearing of the proposal it came to them as welcome news; and, believing in the system, they had hoped that a conference would take place among those interested in the subject, and qualified to discuss the matter. They waited and hoped. But the first move in the matter was not such as to greatly encourage them, for it was found that those who were taking up the matter were ignorant of the principles of the whole subject, and seemed to disparage those whom they recognised as leaders. It seemed to them (the assistant medical officers) that the new methods of research to be carried out in the proposed hospitals were on the principle: "Get your theory, and then get your facts to suit it." Though recognising the difficulties that abounded, they yet hoped those difficulties, if submitted to a conference of specialists, would have been overcome; but the course the matter had taken had disappointed and considerably discouraged them. On the subject of clinical teaching Dr. Harding himself expressed the interest it had for his colleagues. They thought it ought to be made compulsory, judging from what they had lately seen.

Dr. GREENE, replying generally, intimated his entire agreement with what had fallen from Dr. Tuke as to the boarding-out of patients, though he could not accept his views as to workhouses. As regarded clinical teaching, the fiscal work in well-ordered institutions was not great. There was plenty of time for scientific research: and, if they took the assistant medical officers, they had absolutely nothing whatever to do with the fiscal part of the duties, and might devote all their spare time to research. As to Mr. Burdett's inquiry, of where the experiments of hospitals for the insane have been tried, he would reply, Paris, Vienna, Berlin, and even in London an attempt had been made. Referring to Dr. Savage's remarks, Dr. Greene pointed out that that gentleman forgot that no fiscal duties were done by the assistant medical officers. He was glad to learn that so many medical students passed through Bethlem. Such a system could not fail to be productive of very great good; but, though such a continuous stream of assistant medical officers passing through an asylum had good results, he did not think the majority of superintendents were favourable to it. Dr. Greene concluded by commenting upon Dr. Harding's remarks, and said he could not admit that assistant medical officers had no standing, the difference between them and superintendents being of degree only.

The CHAIRMAN (Dr. C. Lockhart Robertson): There were just two points that seemed to him to have been overlooked in the discussion. One was a technical point—the refusal of the Commissioners to allow superintendents to take private practice; and the percentage of cures. He, for one, could see no reason why superintendents should be thus debarred; and as to the latter point, he showed how doubtful many of the

so-called cures were, and strongly condemned the liberation of many passed as cured. He advocated, in the cases of chronically insane persons, their detention for life, as good not only for themselves, but for society. In this connection the Chairman expressed his very strong sense of the evils attendant upon ill-considered marriages by those tainted with the terrible scourge of insanity. Men and women took less trouble to choose their wives and husbands than they did in the selection of anything else, the results being, as many there present could testify, deplorable and saddening beyond conception.

(C.)

THE BEARING OF HOSPITAL ADJUSTMENTS UPON THE
EFFICIENCY OF REMEDIAL AND MELIORATING
TREATMENT IN MENTAL DISEASES.*

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By hospital adjustments I mean all external circumstances and conditions in the situation, surroundings, and relations of the patient which may have an influence upon states of mind or feeling—all external stimuli addressing the senses, favourably or otherwise—these as distinct from purely medical treatment. These must embrace all local, domestic, personal and social contacts and relations, with the moral influences growing out of the latter.

The subject does not lead us into the whole field of the treatment of insanity, or of all classes of the insane; and the ideas advocated are not necessarily applicable to classes not included in the discussion.

The suggestions proposed will be applicable mainly to two classes of patients found in hospitals for the insane, although some of the ideas would not be inappropriate for other classes, if it were practicable to apply them, though not essential to the welfare of the latter.

The two classes are, first, those for whom there is hope of recovery under proper remedial treatment, and second, those who, while past hope of restoration to mental health, are still alive to the influences addressing them,—those whose comfort and happiness or whose discomfort and misery, are materially affected by the society in which they live. This class includes, and always will, large numbers. They deserve much sympathy and consideration. These are persons upon whom mental disease has fallen in such forms that while the power of self-care and guidance has been permanently crippled, so that their lives must be spent away from home and family, they still retain ordinary sensibilities, capacity for pleasure or pain, and are fully alive to the quality and import of their surroundings. They are still able to appreciate, and in a natural way, the privileges and amenities most valued by persons in sound mind. These, though incurable as cases of disease, should never be ranked and associated with another class of incurables over whose faculties disease has, so to speak, made a clean sweep, and left them in deep dementia.

* Read before the New England Psychological Society in Boston.

Discussing the matter of the hospital adjustments adapted to the two classes to which this paper will be devoted, I shall be obliged to refer to the subject of hospital construction, as lying at the very foundation of any satisfactory system of distribution or classification of patients, whether for successful remedial treatment, or for maintaining the meliorating influences required by the class of sensitive patients not expected to recover.

The subject will naturally require a consideration of the principles which should guide in the distribution and the personal associations of patients; and the rank among remedial measures, which should be assigned to what may be called domestic adjustments, or what is the same thing, the instrumentalities by which the moral influences brought to bear upon patients are to be created and controlled. So much have these influences to do with the best success, that it would be right to call them the mechanisms of moral treatment.

If my observations have been correct, and if I have correctly read my own experience, this branch of the subject of the treatment of mental diseases has not attracted the comparative attention to which its relative importance among remedial and meliorating measures entitles it.

This statement is emphatically true so far as it relates to plans of building; since these shape and control more than any other single element the quality and efficiency of the whole line of domestic and social influences and forces which can be employed for curative or meliorating purposes.

Reference to the earlier plans of hospital building for the insane, and their defective features, is not made in any spirit of depreciation of the ideas or work of our early predecessors. So far from it, considering the condition of the insane, as well as popular, and even medical opinion, when these pioneers set about the new enterprise, their work should be regarded as a distinguished success. They found the insane in jails, cages, and often in chains, and generally in much suffering. Nor had the belief in supernatural influence wholly disappeared. To have planned and built for these outcasts safe, comfortable, and comparatively pleasant residences, with kind care and nursing, was an immense advance step. To have looked in their plans for all the fruits of the study and experience of nearly a century, would have been simply a preposterous expectation. Their buildings fully met the most urgent demands as then seen, and marked the first and perhaps most difficult step in the revolution of ideas and practice to follow. They transferred the insane essentially from the category of outlaws to that of invalids, and in this laid the germ of all subsequent evolution in the right direction. Our debt to the fathers is a great one, and the only infelicity of the situation is, that the defects as well as the excellences of the past are the inheritance of the future. In a progressive work, the best ideas of any one time, if embodied in masonry,

may become even embarrassments in future stages of the same work, when earlier ideas in unfolding call for new measures. So it is that the deficiencies in the old plan of hospital building are now prominent in the older institutions, among the embarrassments of the present.

In the early stages of hospital care of the insane, the many abnormal demonstrations of patients stood out in bold relief, and overshadowed many other facts, leaving distinct marks upon the architecture of the time. This explains the great preponderance of means for close custody and repression in the old plans, as well as lack of provision for expanding and liberalising measures in treatment.

Later study and experiment have shown that the item of means of repression was over-estimated in the early stages, while the demand for diversity and variety of influence was hardly recognised, and the relations of the two elements in treatment might well be reversed.

For unavoidable reasons, insane hospital construction has not kept pace with the evolution of ideas as to the care and treatment of the insane. First among the reasons for this stand pecuniary considerations. You cannot expect to be able to demolish and rebuild for each new idea or want discovered, and your new idea cannot always be engrafted into the old. We often try that in these days, and while we make some gain, we still build not as well as we know.

If anything in modern work is to be criticised, it is that so little departure from the old plans has been introduced into those of institutions more recently constructed—departures embodying the fruits of experience. Changes have been mostly in ornamentals and unessentials.

The tyranny of precedent over men's opinions and courses of action explains, perhaps, better than any other theory this almost servile copying of the old type of insane hospital construction. But the influence of precedent begins to yield to the lessons of observation and experience, and here and there, at home and abroad, are seen departures from the old type of construction.

The hospital for mental diseases, which may be looked for in the future, will not be copied from tradition, a stereotyped structure, but will be the outgrowth of an unbiassed study of the ideas and wants suggested by many individual observations and experiences.

So much, in old ideas and methods, as is found to be practically defective or detrimental, will be dropped out of new construction, at whatever cost of theory, or committal of personal opinion. So will the progressive spirit cherish respect for the past, and retain in the hospital of the future whatever, in old forms and methods, a cautious observation has found adapted to the demands of a progressive and successful practice.

But mere justice to the present state of knowledge of insanity, and the condition of its successful treatment, demands such innovations as will

bring into operation a larger range of curative instrumentalities, whatever incidental obstacles may oppose. By incidental obstacles I mean such questions as that of a too stringent economy, either in plant or maintenance. I know the cry of economy is full of magic, and so the demagogue harps upon it everlastingly; but honest common-sense will not strain economy so far as to sacrifice the main end to which it is applied. There is cause for saying that this is sometimes done in our field of labour.

I cannot doubt that the experience of most physicians in our older State hospitals has shown them numerous and constantly occurring instances in which the only facilities which their buildings afforded for classifying and locating patients were radically wanting in fitness, and that many of the existing conditions would not only *not* contribute to the best success in treatment, but on the other hand would exert a positively hurtful influence in the case.

Who of them, when the location of the new patient in the house was to be settled, has not to his chagrin found that the whole establishment did not afford a situation satisfactory to his best judgment of the needs in the case? or that the situation to which, after thorough survey of the ground, he was obliged to assign the person, was an unsatisfactory compromise of personal interest to one or another? Who has not even been obliged to provide for a patient who could not come in contact with any others without detriment to the others? These damaging associations are among the evils entailed by our large stereotyped and monotonous wards in the old hospitals. In these it is unavoidable that incompatible characters or symptoms are brought and kept in contact. Persons of intelligence, cultivated tastes, and delicate sensibilities must associate in day-rooms and at meals with their opposites in tastes, habits, and speech. If any one thing more than another can painfully impress the new-comer, already in a morbidly sensitive state of mind, it is this. The condition inspires anything but hope and courage. Such a patient makes a personal sacrifice, incidental to treatment, not demanded by the nature of the ailment, but simply by deficient facilities for avoiding the sacrifice. I contend this is not a good time to add external burdens and depressants to those of disease itself.

Another of the sacrifices not called for by the nature of the case, in the majority of patients, is that of the loss of much personal freedom. A small number comparatively will abuse it, and the large ward compels all to pay the penalty of restriction; it cannot discriminate. The screen which my irresponsible neighbour needs for his own safety must perpetually look me in the face and silently tell me that I am not to be trusted. Is this curative of my malady? It is an unjust burden to the majority. Our old monotonous architecture adds still another serious sacrifice to those just named, as suffered by the large majority. It is the sacrifice of their peace and rest by means of the noise to which they are

inevitably exposed. As compared with the whole number, the independently noisy patients are few. But in buildings planned and located as most institutions have been hitherto, in a compact body, it is inevitable that a very large majority of the occupants should be constantly liable to this serious annoyance, than which there is none greater. It is contagious, and has power to awaken many a response in the depth of night from those who would, under favouring conditions, continue in uninterrupted and restful sleep. Noise does not cure noise, but multiplies and extends it. Its influence on the timid, depressed, and deluded is especially pernicious. The descriptions by recovered patients of the effect on them of the voices pealing out in the night from neighbouring rooms or contiguous buildings have deeply touched me. When they would otherwise have found refreshing sleep, they have been obliged to listen to sounds which filled their excited imaginations with indescribable fears and terrors. I think no one will for a moment question that this is an influence from which the quiet insane should be protected, if any change of adjustments can do it.

Another evil of no small magnitude, chargeable to the same cause, namely, large wards, with their unavoidable association of many in common, is the influence on the minds of those brought for treatment in the early stages of mental disease, when brought in contact with others in advanced periods, and in whose countenances no hope is plainly imprinted.

The fearful thought flashes through the anxious mind, "this will be my fate," and a dark cloud of fear settles down upon a mind already centered upon self and in conflict between hope and despair. We have all seen such cases, and bewailed our lack of facilities to throw around these minds only scenes of unmingled encouragement and hope. Another adverse influence not to be passed over is the damage suffered by the unsuspecting and credulous patient from exposure to contact with those of mischievous inclinations and habits. The latter are never lacking in any institution. They lie in wait for the unwary and credulous, and are swift to poison their minds and harrow their feelings. They are adroit in the use of assumptions as well as in the perversion of facts to play upon the hypersensitive feelings and imaginations of the innocents. With show of sympathy, say, "such an one has been detained here these many years, and doubtless you will be," or more likely, "you will end your mortal life here."

The embarrassments just noticed are only typical examples of the pernicious influences inseparable from that distribution and association of patients rendered absolutely unavoidable by the traditional style of hospital building. These evils are radical, and interfere seriously with the best results of remedial treatment. They cannot fail, not only to increase the distress of the patient in many cases, but if their influence could be traced through the disturbed processes of the disordered mind, to inflict

permanent mental damage. That these adverse influences do lower the rate of recovery, no one who has watched their working can reasonably question.

Moreover, it cannot be doubted that under such favouring environments as modern experience in mental disorders is amply competent to devise, the period of hospital residence in curable cases might be materially abridged, and during that period the comfort and satisfaction of the patient greatly enhanced. Observation has shown that in recent cases, in their nature curable, when all these adverse influences named can be avoided, and nothing outside the disease left to contend with—when all external adjustments are in harmony with the tastes of the patient, in sympathy with his normal bent—convalescence appears earlier. The sympathetic adjustments become in themselves corrective, tending to undermine delusions, suspicions, and unreal fears. On the other hand, the same persons thrown into personal association with a promiscuous group of many shades of character and diseased manifestations, are quite likely, and indeed almost certain, to find something from which to feed and strengthen their own fancies or delusions, or excite their apprehensions. The timid and self-distrusting suffer loss of hope and courage in the presence of the blatant and demonstrative. These latter offend the sensibilities of the former, thus embittering their days. When they go forth from these associations (which the situation inclines them to desire to do early), they bear their impressions with them to families and the general public. This has not a little to do in forming and maintaining a popular prejudice in relation to public institutions for the treatment of mental diseases, and a disposition to delay the needed treatment to the injury of the subject. Buildings and all circumstances should and might be so adjusted as to conspire, not only not to create, but to correct these adverse influences where they exist.

The limits of this paper will not allow me to extend in greater detail the embarrassments which faulty plans of construction, location, and adjustments of hospitals impose upon the best treatment of the classes of patients under consideration.

That these drawbacks are too serious to be disregarded, if not inherent in the nature of things, and ineradicable, no one who has struggled with them, in efforts to reduce them to a minimum by every possible device, will for a moment question.

If this position is correct, the important question for the future to settle in regard to hospital adjustments is: Can the evils and embarrassments complained of be eliminated from plans, and others not open to objection substituted? In considering this question it is pertinent to inquire what the fault of the old construction and organisation has been, when reduced to its simplest expression. It has been a too limited recognition of the vast diversity of demands in the nature of the case for the successful treatment of mental diseases. The demands most manifest

to popular observation, such as safe custody and physical repression, have been fully recognised and emphasised, even at the expense of the more subtle, mental, and moral demands. The relative importance of the former have been largely exaggerated. This is apparent in the means provided for physical repression. A thing (in itself repulsive) really required only by a minority, is made of general application, resulting in a style of architecture at once monotonous and forbidding, by the absence of reliefs and attraction. Indeed, even the demand for security need never have crowded out variety and attractiveness.

An overstrained and mistaken effort at economy has been, in some measure, responsible for this bald and monotonous architecture, which has recognised scarcely more than physical necessities.

On this point there seems to have existed from the beginning a whim of public opinion and a demand not easy to explain, that the cost of remedial treatment of mental diseases in public hospitals may be brought within an absurdly small limit. Once christen the disease insanity, and the cost of treatment shrinks, in public estimation, to less than that of living in health. This opinion does not apply in other forms of disease, and why this particular form of disease should ever have been chosen for this trying ordeal no intelligent reason has ever been offered. Yet the fact exists, unreasonable as it is in itself, and unjust as is this discrimination against the insane, of all sick people.

In eight New England hospitals for general diseases the average cost per week for board and treatment is \$10.66. Public opinion would deem this an extravagance if the disease was mental, and yet no form of disease justly needs as great a variety of remedial agencies in constant operation, or half the personal nursing service. That personal attendance and service do not come like the rain and the dew without money and without price, it would be rational to remember. This unjust opinion has been more or less responsible for overcrowded wards, broad classification, routine practice, and meagre nursing service. This remark is not made to apply necessarily to institutions in which remedial or meliorating treatment is not called for, which are not now under discussion.

The classes under consideration have additional wants and claims of the most urgent character, the neglect of which may be at the cost of a life of chronic disease.

An ideal hospital for mental diseases will not be realised till this traditional error of opinion shall have ceased to have dominant influence.

The position here taken in regard to reasonable cost of curative treatment is strengthened by the history of private institutions, in which cost is vastly greater, for it would be unjust to assume that the considerable sums charged in these do not reasonably represent useful service rendered.

But not to continue further these strictures upon old ideas and adjustments, which I think are fully sustained by facts, let us glance, in a general

way, at some changes in plans and methods, suggested by experience with the old. Any attempt to present specific designs would be inconsistent with the limits of this paper.

What remains to be said will refer to the means for enhancing the efficiency of moral treatment. I have already said that the earlier plans of building and organising proceeded upon a too limited recognition of the wide range and variety of agencies required for the best treatment. Many items now deemed essential were passed by in the earlier plan. The time for them had not come. During the last half century the field of practical measures capable of enhancing the efficiency of the moral treatment has been greatly widening; so that the routine of hospital life and practice in mental diseases, to-day, with its unceasing succession of organised activities in operation, bears but the faintest resemblance to the earlier methods. Experience has found more and more points and methods of approach to the disordered mind and feelings; new leverages for influence, which, with adequate mechanisms may contribute largely to restoration, or, if not that, to the comforts of hospital life. It is the lack of provision for these facilities in our old plans which we deplore, and which it is so difficult to supply without a revolution in plans.

It is obvious then, that the best helps to moral treatment should have a recognition in original construction.

Plans must possess a flexibility measured only by the great diversity in form of disease and special symptoms, never overlooking the vast variety in the individualities of the many who may require the ministrations of an institution. These last can no more be left out of the plans than medical prescriptions for special symptoms or sanitary and hygienic demands.

Building, then, ought to represent at once the largest knowledge and practical experience of the alienist physician, reduced to forms of convenience and grace by the resources of the architect.

Locations, divisions, subdivisions, and outlooks must contemplate not only the general classes of mental disorder with their ordinary manifestations, but wants growing out of personal traits and private proclivities, habits and tastes.

As in the well equipped private residences we will find apartments suited to the gambols of children, others for the graver tastes of middle life, and still others for the retiring tastes and habits of old age, and each designedly adapted to its prospective uses, so here should construction vary with much varying possible cases, and not be limited to a few fixed large divisions or classes. The value of the recognition of this principle can no more be overestimated than can the evil of incompatible and pernicious associations consequent upon the lack of means of preventing them. Having such diversified situations as to render it easy to adapt moral influences to individual needs is what I mean by a flexible hospital architecture. This I regard as the urgent demand of our time, the demand

of the most progressive ideas in modern mental practice, the salient feature of which is individuality in treatment in place of routine. Experience with the insane has long been emphatically teaching us that this may well be called the sheet-anchor of treatment, the *sine quâ non*.

Nor do I think we have yet fully tested the power of this principle for success. The idea has come, and work on its line has begun, but it remains for our successors to reap happily richer results than can fall to our lot, results realised not only toward restoration, but in lightening the burden of the patient while under his sad trial. This last is by no means an insignificant item. When the hospital shall have been made as efficient and as attractive as it can be, both the patient and the public will have made a great gain, in the fact that residence therein brings no shock. It cannot be claimed that the defects of which I have spoken have not had something to do with an embarrassing popular sentiment, showing itself often in reluctance to a resort to hospital treatment, until all things else have failed, and precious time has been wasted.

If the flexibility of plan of which I have spoken could be carried out into reasonable detail, thus affording sufficient diversity of situation and consequent control of influence, it would go far towards removing objections to hospital residence when needed, and correcting many pernicious and unjust popular prejudices which have been fostered by the adjustments complained of. Turn to the practical question. Can the features complained of, such as general monotony of plan, necessitating monotony of service and influence, be improved upon? While I fully believe it can, I would not for any trivial reason dissent from ideas and opinions which time and high authority have made eminently respectable, and which have so long been embalmed in the "propositions" of our speciality. Still the reasons for innovation seem sufficiently strong to sanction departure from some of the doctrines of the affirmed and reaffirmed "propositions".

Any steps in such departure should be taken with caution, and only on the sanction of well considered tentative experience. We cannot mistake, however, in accepting as a principle and safe guide, that no adjustment should be allowed which necessarily or unavoidably will antagonise the principal aim of our measures in treatment. It is not easy to imagine a situation sanctioning neglect of this principle. But the features in our old plans which I have characterised as defective and embarrassing, do manifestly and in numerous ways neglect and run counter to this principle. While every active physical as well as moral agency, every moral leverage for influence, should be such as to contribute its quota to curative results, should be in itself remedial, many of the objectionable conditions necessitated by the old plans, have not only not been that, but often positively hurtful.

The truth of this statement is substantiated by the pernicious effects known to be produced by the exposure of otherwise quiet and sensitive

patients to the noise of the other classes. And yet this cannot be avoided without radical departure from the traditional hospital plans,—the connected block.

This plan necessarily admits an active influence antagonistic to the general good, as it banishes sleep, irritates the already hypersensitive feelings, frightens the timid, and feeds delusions with ample material for the construction of new theories and insane fancies, added to those belonging to disease itself. The fault is the same with all the other evils charged to our old plans, namely, that corrective agencies are neutralised by opposing elements. A style of building which provides for correctives only, and excludes opposing influences, is the needed remedy.

The construction and relative location must be so changed as to offer largely increased facilities for varying and controlling the remedial and alleviating influences which it is desirable to employ. To realise the most in this direction which we have a right to hope for will require large departure from our hitherto rigid plans, changes which will allow us to largely diversify distribution of patients and thus control personal contacts. These changes will open innumerable new avenues of moral approach suited to the endless diversity in mental constitution, which a really scientific treatment cannot afford to lose. The real demand may be met by substituting what may be termed the broken or flexible architecture for the rigid and monotonous.

If large buildings are chosen, floor plans must be such as to furnish many subdivisions and varied groupings, separating one or more apartments from others, thus making possible a classification ranging, so far as numbers are concerned, from a single person upward, not however above the demands of a strictly individual treatment. The association of considerable numbers should apply only to such as will benefit each other mutually. One of the most frequently beneficial adjustments would be a liberal variety of smaller apartments or suites, with separate approach and exit, as affording means for directing and controlling remedial influence. This feature, along with the larger and more public apartment, serviceable for its social advantages, might do much to make treatment easily personal and diversified; diminish routine; secure the largest degree of personal freedom and indulgence; and guarantee to each individual the best remedial influences, as well as protection from such as are both distasteful and detrimental.

Such adjustments, too, when their power and merits are realised will react favourably on public sentiment, in removing a prevailing reluctance to an early resort to hospital treatment in the time most hopeful for success—a reluctance which has doomed many to a life of chronic insanity, who with well directed early treatment would have been restored to health.

Perhaps a strictly ideal hospital may not be realised, at least for a long time to come, even in cases of new construction, and much more in

old establishments. But with exhaustive study of accumulated experience, aided by an architectural skill which can embody ideas in felicitous outward forms, most of the objectionable features just noticed may be eliminated. Here I may be pardoned for saying that it seems unfortunate that in some of the institutions most recently planned and built, and at ample cost, this subject has received so little comparative attention. Changes from the stereotyped plan have not been radical, have not looked towards multiplying and diversifying curative moral agencies, and individualising treatment, but rather towards outward elegance and perfection of running machinery on old plans. To continue this in new constructions I cannot but deem an unpardonable omission.

The possibility of realising ideal adjustments in old institutions is of course greatly limited. The required economy cannot grapple easily with masonry, and this becomes the discouragement of the progressive hospital physician. Demolition and reconstruction can rarely be even dreamed of. But even here much is possible. In all additional construction it is easy to break away from the old type and give scope to progressive ideas and methods. And so in all changes in existing wards and other parts of old buildings, these need not be mere repairs, but radical changes looking toward diversity in place of monotony, and the multiplication of moral stimuli.

This idea is finding, here and there, happy embodiment, both at home and abroad. Improvement in this direction has begun, and the not distant future will see dotting the grounds of many of our older stiff and monotonous establishments, smaller structures, planned for special classes, and designed to multiply restorative agencies for their occupants, and secure for them, while under treatment, a normal style of domestic life and the amenities belonging to it.

Of the embarrassments in the way of satisfactory treatment, due to the causes I have assigned, I have named only the most conspicuous. The experience of every specialist will suggest many more. It was not the purpose of this paper to give a full presentation of the subject, but only to go so far as to draw out the ideas and opinions of the members in the discussion of what I believe to be the most important practical question of the time in this section of our special work. Neither will my limits allow me to attempt to present any detailed plans of relation, location of buildings, or their internal construction,—such ones as would afford the facilities for an ideal treatment of the classes under consideration.

I will only add three general remarks in the way of outline of plans, naming three features which should be made fundamental and indispensable in every plan, whatever may be the details or specific style of realising them in buildings or internal furnishings.

The first and foremost is, that buildings should be provided for the noisy classes separate from others, and so located as to be beyond the hearing of the quiet at all times.

A second feature in building possesses so great capabilities for remedial service as to entitle it to the rank of an essential. This is more or less of detached houses. These may be of various sizes and styles, and all the better for that ; but should not be in rigid rows and uniform, so answering to a single taste, but dropped down here and there in the grounds, in pleasing variety and home-likeness, while convenient for administration.

The third feature to be suggested is, that when, for economic or other reasons, larger buildings are desired, the old, long, monotonous ward-style should be entirely discarded, and such outward forms and internal divisions chosen as will multiply and diversify situations ; as will give the greatest possible diversity of personal groupings ; and thus afford the physician the largest control over individual relations and contacts. By adopting a broken and irregular style of architecture a competent artist should be able to produce all these desirable conditions, adding at once immensely to utility and grace, and without materially larger cost than that of the traditional homely and monotonous block-style.





ASYLUM BIBLIOGRAPHY.

A.

- ADELON. Des attributions respectives du médecin et du chirurgien dans les maisons d'aliénés. *Ann. d'hyg.*, Paris, 1845, xxxiii, 368-79.
- ADLER (G. J.) Letters of a Lunatic, or a Brief Exposition of my University Life during the years 1853-4. 8vo. [New York], 1854.
- Admission to Hospitals for the Insane. *Am. J. Insan.*, Utica, N. Y., 1868 9, xxv, 66-79.
- AGNEW (C. R.) The Care of the Chronic Insane. *Med. Rec.*, New York, 1883, xxiii, 138.
- Alabama State Medical Association. An Appeal to the Legislature of Alabama for the Establishment of a State Hospital for Lunatics and Idiots. (Prepared by order of the Association.) 8vo. Mobile, 1851.
- [ALBERS (J. F. H.) Kurzer Bericht über die Heilanstalt des Prof. J. F. H. Albers in Bonn für Gemüths- und Nervenkranken. *Deutsche Klinik*, Berlin, 1851, vi, 189.
- ALBORS. Die Heil- und Aufbewahrungsanstalt für Geistes- und Gemüthsranke in Meurs und der in ihr durchgeführte Grundsatz in der Behandlung der Kranken. *Wchnschr. f. d. ges. Heilk.*, Berlin, 1848, 689-92.
- ALFARO (R.) Breva noticia histórica del hospital de dementes de San Hipólito de México. *Gac. méd. de México*, 1866, ii, 238-40.
- ALGERI (G.) Relazione della commissione visitatrice degli istituti ospitalieri di Voghera. *Atti d. Cong. d. Soc. freniat. ital.*, Milano, 1883, iv, 473-75.
- ALLEN (N.) State Medicine and its Relations to Insanity and Public Charity. *Proc. Confer. Char.*, Boston, 1875, ii, 29-52.
- Supervision of Lunatic Hospitals. *Ibid.*, 1880, vii, 152-65. Also: Reprint. Also: *J. Psych. M.*, London, 1880, n. s., vi, 189-200.
- State Medicine in its Relations to Insanity. 8vo. Boston, 1875.
- ALLEN & DUTTON. Published at the request of the friends of Dr. Allen. 8vo. London, 1833.
- Bound with: ALLEN (M.) Essay on the Classification of the Insane. 8vo. London [1833].
- Allgemeine Bauzeitung*. Text and Atlas. For various asylums see Index. Fol., Wien, 1836, etc.
- Allgemeine Betrachtungen über die Behandlungen des Irreseins. *Jahrb. d. ges. Staatsarznh.*, Leipzig, 1840, vi, 164-78.
- Allgemeine Ztschr. für Psychiatrie und psychischgerichtliche Medicin*. For various asylums see Index. 8vo. Berlin, Halle [printed], 1844, etc.
- ALOMAR (A. I.) Memoria sobre el método más asequible de plantear una casa de locos para uno y otro sexo en las inmediaciones de Madrid. *España méd.*, Madrid, 1860, v, 180-83.
- ALTHAUS (J.) Die Irrenhäuser in England. *Wien. med. Wchnschrft.*, 1858, viii, 675, 691.
- ALTMÜLLER (F.) Bethesda oder Heilkunst und Christenthum. Ein Beitrag zur geistlichen Krankenpflege. 8o. Marburg, 1860.
- Carita, oder Heilkunst und Christenthum. Die Lehre der geistlichen Krankenpflege bei besonderen, einzelnen Krankheiten, enthaltend. Zugleich als specieller Theil in dem unter dem Titel "Bethesda" erschienenen Werklein des Verfassers. 16o. Cassel, 1860.
- AMELUNG (F.) Bemerkungen über die Einrichtung von Irrenanstalten und über die Behandlung der Irren. *Ztschr. f. d. Staatsarznh.*, Erlang., 1834, xxviii, 38-92.
- Nachricht über die Heizung eines neuen Gebäudes am Hospital Hofheim bei Darmstadt, mit erwärmer Luft nach einer neuen Erfindung. *Ibid.*, 1830, 13 Ergänzungshft., 238-43.
- AMES (A., jr.) Investment for the Insane. *Rep. Bd. Health Maryland*, Annapolis, 1878, 123-35, 3 pl.
- ANCONA. Di un nuovo manicomio da farsi erigere in Ancona dalla commissione amministrativa dell'ospedale civile. *Cron. d. manic.*, Anconitano, 1881, viii, 382, 1 pl., 386.
- ANDEL (A. H.) Modelwoning voor de verpleging van krankzinnigen in huisgezinnen. *Nederl. Tijdschr. v. Geneesk.*, Amst., 1868, 2 R., iv, 1. Afd. 65-8.
- Krankzinnigen-kolonien. *Ibid.*, 1867, iii, pt. 2, 67-8.
- Waar moeten de krankzinnige mis-

- dadigers verpleegd worden? *Ibid.*, 1878, xiv, 45-49.
- ANDERLINI (P.) Alienazioni mentali curate per un decennio nel ricovero de' pazzi in Faenza. 80. Faenza, 1833.
- ANDERNACH Asylum. *Vinc. L. Klasen, Grundriss Vorbilder*, xxii, p. 404, fig. 384.
- ANDERSON (M. B.) and DEVEREUX (J. C.) [Report] relating to Hospitals for the Sick and Insane; to which is appended a Report relating to the Management of the Insane in Great Britain, by H. B. Wilbur. *Rep. Bd. Char.*, New York, 1875, Albany, 1876, ix, 167-220. Also: Reprint.
- ANDRÉE. Notiz über die ehemaligen Irrenanstalten zu Torgau und Waldheim. *J. d. Erfund., etc.*, Gotha, 1812, ii; 2. St., 195; 3. St., 275.
- ANDRESEN (J.) Der Arzt u. s. Heilmethoden.
- ANDREWS (J. B.) Asylum Periodicals. *Am. J. Insan.*, Utica, 1876, xxxiii, 42-49.
- ANSTIE (F. E.) Insane Patients in London Workhouses. *J. Ment. Sc.*, Lond., 1865, xi, 327-36.
- ARCHAMBAULT. Note sur la suppression des quartiers de gâteux dans les asiles d'aliénés. 80. Paris, 1853.
- (Rap. de Londe.) *Bull. Acad. de méd.*, Paris, 1852-3, xviii, 1113-20.
- Rapport à M. le préfet de la Meurthe sur le service médical de l'asile d'aliénés de Maréville, pendant l'année 1842. 80. Nancy, 1843.
- ARETEUS OF CAPPADOCIA. The extant Works of Aretæus, edited and translated by F. Adams. 8vo. Lond., 1856.
- ARLIDGE (J. T.) On the Construction of Public Lunatic Asylums. *Asylum J. Ment. Sc.*, Lond., 1857-8, iv, 188-204, 1 pl.
- The Asylums of Italy, Germany, and France: Notes of a Visit made in the year 1855. *J. Psych. M.*, Lond., 1857, x, 521, 758; 1858, xi, 59, 597.
- Notes on the Asylums of Italy, France, and Germany. *Ibid.*, 1860, xiii, 335.
- On the State of Lunacy and the legal Provisions for the Insane, with Observations on the Construction and Organisation of Asylums. 8vo. Lond., 1859.
- ARNOLD (Thomas, M.D.) Observations on the Nature, Kind, Cause, and Prevention of Insanity. 2 vols. in 1. 8vo. Lond., 1806.
- Observations on the Management of the Insane. 8vo. Lond., 1809.
- ARTHAUD (J.) L'asile départemental de Bron. *Lyon. méd.*, 1874, xv, 265-74. Also: *Ann. méd.-psych.*, Paris, 1875, 5 s., xiii, 243-55.
- De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France*, 1864, Paris, 1865, ii, 639-51. Also: *Gaz. méd. de Lyon*, 1865, xvii, 11-15.
- Articles des différents codes concernant la démence. *J. de méd. ment.*, Paris, 1861, i, 157-60.
- Asile (The) Sainte-Anne at Paris. *Lancet*, Lond., 1874, ii, 217.
- Asyl Lindenhof, Station Coswig bei Dresden. Heil- und Pflegeanstalt für Nerven- und Gemüthskrankes beiderlei Geschlechts. Prospectus des Directors, Dr. O. J. B. Wolff. Den 1 Juli 1874. 40. Schwerin. [n. d.]
- Pützchen bei Bonn. Prospect des Asyls für Geistesranke zu Pützchen bei Bonn. Von Dr. Leopold Besser. Aug., 1866. 40. Bonn. [n. d.]
- Schweizerhof, Privat-Heilanstalt für Psychisch-Kranke weiblichen Geschlechts. Nach fünfundzwanzigjähriger Wirksamkeit. 1. Chronik; Gebäude; Terrain. [Vorrede von Heinrich Laehr.] 40. Berlin, 1878.
- Asylum Abuses and the Testimonial Capacity of the Insane. *Med. Rec.*, New York, 1877, xii, 73.
- Reform in the State of New York: Report on the State Charitable Institutions of New York. [Review.] *J. Nerv. and Ment. Dis.*, Chicago, 1879, u. s., iv, 488-500.
- AUBANEL (A.) Histoire d'un cas remarquable d'aliénation mentale écrite par l'aliéné lui-même après sa guérison. *Ann. méd.-psych.*, Paris, 1848, xiii, 38-53.
- Notice sur l'asile des aliénés, de Malte. *Ann. méd.-psych.*, Paris, 1844, iii, 186-208.
- AUBEKT. La maison impériale de Charenton. *Gaz. d. hôp.*, Paris, 1866, xxxix, 25-27.
- AUSTRALIA. An Act to Consolidate and Amend the Law relating to Lunatics. No. 309. [Sept. 6, 1867.] 4to. Melbourne, 1867.
- An Act to Amend "The Lunacy Statute", No. cccxlii. [Aug. 31, 1869.] 4to. [Melbourne, 1869.]
- An Act to Amend the Lunacy Statute, No. dcxxviii. [Nov. 28, 1878.] 4to. [Melbourne, 1878.]
- AUSTRIA. Irrenstatistik in Oesterreich-Ungarn. *Psychiat. Centralbl.*, Wien, 1876, vi, 111; 1877, vii, 28-32.
- Entwurf eines Irrengesetzes für die cisleithanischen Länder des Kaiserthums Oesterreich. . . . *Oesterr. Ztschr. f. prakt. Heilk.*, Wien, 1870, xvi, 21, 42. Also: *Bl. f. Med.-Geleitzgeb. u. off. Gsundtspf.*, Wien, 1870, 89-93.
- AUSTRIA-HUNGARY. Psychiatrisches aus Oesterreich. *Cor.-Bl. d. deutsch.-Gesellsch. f. Psychiat.*, etc., Neuwied, 1875, xxi, 81, 113.
- Das neue Statut für die n.-ö. Landes-Irrenanstalten zu Ybbs und Wien. *Wchnbl. d. k. k. Gesellsch. d. Aerzte in Wien*, 1869, xxv, 9, 25, etc.
- AUTENRIETH (J. H. F.) Ueber die im Clinicum in Tübingen getroffene Einrichtungen für Wahnsinnige. In his *Versuche f. d. prakt. Heilk.*, 80, Tübingen, 1807-8, 199-228.
- Autobiography of the Insane. *J. Psych. M.*, Lond., 1856, ix, 66, 202.
- AUZOUY. Des fermes-asiles, ou de la colonisation des aliénés. *Ann. méd.-psych.*, Paris, 1864, 4 s., iv, 407-25.
- De la responsabilité au sujet des évasions. *Ibid.*, 1878, 5 s., xix, 353-58.
- Colome de Saint-Luc; succursale agricole

- annexée de l'asile de Pau. *Ibid.*, 1863, 4 s., ii, 64-80.
- Asile Saint-Luc à Pau (Basses-Pyrénées). *Ibid.*, 1869, 5 s., ii, 27-55.
- Quelles mesures peuvent être prises à l'égard des aliénés dits "criminels"? *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 23-28.
- AVIGNON. Lunatic Hospital at Avignon. *Edinb. M. and S. J.*, 1818, xiv, 407.
- AYRES (S.). Our Asylums and our Insane. *Tr. M. Soc. Penn.*, Phila., 1883, xv, 250-67. Also: *Am. Psych. J.*, Phila., 1883-4, i, 341-54.
- The Home Treatment of the Insane. *Pittsburg M. J.*, 1882, iii, 74, 108.
- B.
- B. Die Reorganisierung der Prager Irrenanstalt. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1864, xi, 193-211.
- BACON (G. M.) The State of Lunacy in Italy. *Brit. Med. J.*, Lond., 1864, i, 399-401.
- BADEN. Verordnung, die ausserhalb der Staats anstalten befindlichen Geisteskranken betr. vom 4 Oktober 1879. *Med.-Gesetzgeb.*, Berlin, 1879, v, 213.
- BAILLARGER. Note sur la cause de la fréquence de la folie chez les prisonniers. *Ann. méd.-psych.*, Paris, 1844, iv, 74-80.
- BAKER (L. W.) Cottage Homes for the Treatment of Mental Diseases. *Am. Psychol. J.*, Phila., 1884-5, ii, 29.
- BALFOUR (W. G.) Remarks on Private Lunatic Asylums; a reply to Dr. Bucknill. *Brit. M. J.*, Lond., 1880, i, 319.
- BALL. Sur les projets de réforme relatifs à la législation sur les aliénés. *Bull. Acad. de méd.*, Paris, 1884, 2 s., xiii, 361-67. Also: *France méd.*, Paris, 1884, i, 349-54.
- (B.) L'aliéné devant la société. *France méd.*, Paris, 1881, i, 625-40. Also, transl. [Abstr.]: *Am. J. Insan.*, Utica, New York, 1882-83, xxxix, 318-33.
- BANCROFT (J. P.) The Pauper Insane of New Hampshire. *Tr. N. Hampshire M. Soc.*, Concord, 1878, 39-62. Also: Reprint. — [et al.] Insanity: Report of the Standing Committee. *Proc. Confer. Char.*, Boston, 1880, vii, 90-100.
- BANG (F. L.) Selecta diarii nosocomii Fredericiani pro annis 1780-81 et 1788-89. *Acta Soc. med. Havn.*, 1783, 1 et seq.
- BANSTEAD. Third Middlesex County Lunatic Asylum, Banstead Block plan, and enlarged plan of a portion. *Builder*, Lond., 1877, xxxv, 267-70.
- BAKIER. Note sur les mesures à prendre à l'égard des aliénés dits "criminels". *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 106-21.
- BARKHAUSEN (G.) Bericht über die Wirksamkeit des Kranken- und Irrenhauses zu Bremen, vom Anfang derselben, am Schlusse des Jahres 1823 an, bis zum 31 Dec. 1835. *Arch. f. d. ges. Med.*, Jena, 1841, i, 321-48, 1 pl.
- BARTLETT (C. R.) The Care of the Insane by Minnesota. *Tr. Minnesot. M. Soc.*, St. Paul, 1882, xiv, 131-39.
- BASTING (A.) Wie können für Irrenanstalten menschenliebende Wärter und Aufseher gewonnen werden? *Gekronte Preisschrift. Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1845, ii, 421-74.
- BATTEILLE. Rapport au conseil général des hospices de Paris sur les établissements d'aliénés d'Angleterre et sur ceux de Bicêtre et de la Salpêtrière. *Ann. méd.-psych.*, Paris, 1844, iv, 390-455.
- BAUME. Projet d'une société de patronage pour les aliénés indigents du Finistère. *Ann. méd.-psych.*, Paris, 1882, 6 s., vii, 242-56.
- BEARD (G. M.) The Asylums of Europe. *Boston M. and S. J.*, 1880, ciii, 605-8. Also: *J. Psych. M.*, Lond., 1881, n. s., vii, 53-61.
- BEAUDRY (G. O.) L'asile des aliénés de la Longue-Pointe. *Abeille méd.*, Montréal, 1879, i, 235-44.
- BECK (T. R.) An Account of some of the Lunatic Asylums in the United States. *N. York M. and Phys. J.*, 1828, vii, 186, 251.
- Statistical Notices of some of the Lunatic Asylums in the United States. *Tr. Albany Inst.*, 1830, i, 60.
- BEDOYD (L.) Hospicio de insanos de Misericordia; estadística del año de 1873. *Gac. méd.*, Lima, 1875, i, 12.
- BEER. Gambetta. (Ein Betrag zur Geschichte der Irrengesetzgebung in Frankreich.) *Psychiat. Centralbl.*, Wien, 1871, i, 38, 58.
- BEHIER (H.) Résumé de la discussion sur la législation des aliénés. *Soc. de méd. lég. de Par.*, Bull., 1870-72, ii, 121-35. Also: *Ann. d'hyg.*, Paris, 1870, 2 s., xxxiv, 375-89.
- BEHREND (F. J.) Ueber den Kerkerwahnsinn oder über den Einfluss der neueren Haftsysteme auf die Erzeugung von Geistesstörungen. *Ztschr. f. d. Staatsarznh.*, Erlang., 1850, lix, 467-71.
- BELGIUM. Arrêté royal du 1er mai 1851, portant approbation du règlement général et organique sur le régime des aliénés et du règlement spécial pour l'établissement d'aliénés de Gheel. *Bull. Soc. de méd. de Gand*, 1851, xviii, 135-68.
- La loi sur le régime des aliénés (en Belgique). *Ibid.*, 1850, xvii, 115-28.
- Projet de loi sur le régime des aliénés, soumis à l'avis des conseils provinciaux, de la part de M. le ministre de la justice (royaume de Belgique). *Ibid.*, 1845, xi, 164-92.
- Réforme de la loi sur le régime des aliénés. *Bull. Soc. de méd. ment. de Belg.*, Gand, 1874, No. iv, 92-107.
- Loi et règlement sur le régime des aliénés. I. Loi du 18 juin 1850 sur le régime des aliénés. II. Règlement général et organique sur le régime des aliénés, en application de la loi du 18 juin 1850. III. Règlement spécial pour l'organisation de l'établissement d'aliénés de Gheel, en application de l'art. 6 de la loi du 18 juin 1850. 80. Brux., 1851.
- Ministerie van Justitie. Aangenomen verordening instellende den regel der krank-

- zinnigen. Koninglyk bes'uit. 8°. Brussel, 1851.
- BELGIUM. Rapports sur la situation des établissements d'aliénés du royaume. Roy. 8vo. Brux., 1853-78.
- Die Irrenanstalten Be giens. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1860, vii, 181-85.
- Rapport de la commission chargée par M. le ministre de la justice de proposer un plan pour l'amélioration de la condition des aliénés en Belgique et la réforme des établissements qui leur sont consacrés. *Arch. de la méd. belge*, Brux., 1842, ix, 30, 393; 1843, x, 232.
- Huitième rapport de la commission permanente d'inspection des établissements d'aliénés. (Avec supplément.) Notice sur les asiles d'aliénés français de Bicêtre, Charenton, etc. Roy. 8vo. Brux., 1864.
- Loi du 18 juin 1850 sur le régime les aliénés modifiée par la loi du 28 novembre 1873. *Bull. Soc. de méd. ment. de Belge*, Gand, 1874, No. 3, 73-86.
- Tableau statistique de l'hospice des femmes aliénées de 1852-72. *Bull. Soc. de méd. de Gand*, 1873, xl, 109-11.
- BELGRAVE (T. B.) The Asylums for the Insane in St. Petersburg and Copenhagen. *J. Ment. Sc.*, Lond., 1867-8, xiii, 7-19.
- BELL (L. V.) Report made to the Legislature of New Hampshire on the subject of the Insane. June session, 1836. Published by order of the Legislature. 8vo. Concord 1836.
- Modern Improvements in the Construction, Ventilation, and Warming of Buildings for the Insane. With a design for "the Butler Hospital for the Insane" at Providence, R.I. *Amer. J. of Insan.*, Utica, New York, 1845-6, ii, 13-35.
- BELLOC (H.) Les asiles d'aliénés transformés en centres d'exploitation rurale, moyen d'exonérer, en tout ou en partie, les départements des dépenses qu'ils font pour leurs aliénés, en augmentant le bien-être de ces malades et en les rapprochant des conditions d'existence de l'homme en société. 8°. Paris, 1862.
- Les aliénés et la ferme-asile; réponse à M. le docteur P. Garnier. *Union méd.*, Paris, 1863, 3 s., xvii, 289, 321. Also: Reprint.
- La centralisation administrative et administration des asiles d'aliénés. *Médecin*, Paris, 1878, iv, No. 35, 2; No. 36, 1. Also: Reprint.
- BENDORF. Heil- und Pflege-Anstalt für Nerven- und Gemüths-kranke von Dr. Colmant in Bendorf bei Coblenza a. Rhein. 8°. [Bendorf?], 1875.
- BENGAL. Report on the Lunatic Asylums in Bengal, by the Committee appointed to inquire into Medical Expenditure in Bengal. Fol. Calcutta, 1879.
- BERGRATH. Ueber Irrenanstalten in den Niederlanden. *Allg. Ztschr. f. Psych., etc.*, Berlin, 1853, x, 101-7.
- BERGSTRASSER (W.) Ueber Pflege und Wartung der Irren. 8°. Leipzig, 1844.
- Bericht über die von der vorjährigen Jahresversammlung dem Vorstand zum nachmaligen Prüfung und Berichterstattung überwiesene Frage: Ueber Staatsaufsicht der Irrenanstalten; ihre Nothwendigkeit und Ausführungsart. *Allg. Ztschr. f. Psychiat.*, Berlin, 1878, xxxv, 527-34.
- BERLIN. Die Anstalten der Stadt Berlin. 4°. Berlin, 1886.
- BERN. Auszug aus dem Bericht der Direktion des Innern (Abtheilung Gesundheitsw.) an den Regierungsrath zu Händen des grossen Rathes des Kantons Bern, betreffend die Erbauung einer neun Irren-Heil- und Pflege-Anstalt. (Bern, 1850.) *Bern. Cor.-bl. f. A-rzte u. Apoth.*, 1850, 1, 225-33.
- BERNBURG. Dienstanweisung für die Wärter und Wärterinnen der Herzogl. Anhaltischen Heil- und Pflege-Anstalt zu Bernburg. 12°. Dessau, 1875.
- Statut der 8°. Dessau, 1875.
- Asylum. Vide L. Klasen, *Grundriss Vorbilder*, p. 396, B. 75, fig. 2, 6. Also: *Baugewerks Ztg.*, 1879, 83.
- BERNHARDI. Die Heil- und Pflege-Anstalt Allenberg bei Wehlau in Ostpreussen. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1854, 1, 33-5.
- BERGALDI (P.) Sul nuovo manicomio femminile nell'isola di San Clemente. *Gior. veneto di sc. med.*, Venezia, 1871, 3 s., xv, 179-202.
- BERTHELOT (H.) Sur les asiles d'aliénés. 4°. Paris, 1868.
- BERTHIER (P.) Organisation des asiles; le surveillant d'aliénés. *J. de méd. ment.*, Paris, 1863, iii, 49-56.
- La visite du médecin dans un asile d'aliénés. *Ibid.*, 152-57.
- Organisation; l'aumônier d'asile d'aliénés. *Ibid.*, 232-37.
- Organisation des asiles; interne et médecin adjoint. *Ibid.*, 298-302.
- De l'encellulement. *Ibid.*, 1864, iv, 95-103.
- Des causes de l'encombrement des asiles d'aliénés et des remèdes à y apporter. *Ann. méd.-psych.*, Paris, 1866, 4 s., vii, 368-78.
- Excursions scientifiques dans les asiles d'aliénés, 1-4 s. in 1 vol. 8°. Paris, 1862-67.
- Rapports et sorties des aliénés. *J. de méd. ment.*, Paris, 1864, iv, 392-401.
- Des décès chez les aliénés et des moyens de les restreindre. *Ibid.*, 1865, v, 181-87.
- BERTRAND (E.) Société de législation comparée. Loi sur les aliénés; procès-verbaux de la commission chargée d'étudier les modifications à introduire dans la loi du juin 1838. Etude sur les diverses législations relatives aux aliénés. 8°. Paris, 1872.
- BETHLEHEM HOSPITAL. Minutes of Evidence taken by the Committee appointed to inquire into the charges preferred against Dr. Wright, the apothecary and superintendent of Bethlehem Hospital. . . . 8vo. Lond., 1830.
- The Observations of the Governors upon the Report of the Commissioners in Lunacy to the Secretary of State, on . . . With appendices. 8vo. Lond. [n. d.]
- Observations of the Physician and Apothecary upon the Evidence taken before the

- Committee of the Hon. House of Commons for regulating Madhouses. 8vo. Lond., 1816.
- BETHLEHEM HOSPITAL. *Med. Times and Gaz.*, Lond., 1852, n. s., v, 364, 392.
- Beurlauburg geisteskrankr Verbecher aus der Irrenanstalt. *Gesundheit*, Frauk.-a.-M., 1852, vii, 49-52.
- BEYON (L.) Les salles d'asile d'Annecy. [Rap. de Delasiauve.] *J. de méd. ment.*, Paris, 1870, x, 359-64.
- BÉZARD DE WOUVES. Aliénation mentale; du danger des réclusions précipitées. *France méd.*, Paris, 1870, xvii, 177.
- BHOWANIPORE (Bengal). Reports on the Asylums for European and Native Insane Patients at Bhowanipore and Dullunda, for 1856-7. 8vo. Calcutta, 1858.
- BIBBER (J. van). Intermediate Hospitals for the Treatment of acute mental Diseases. *Am. J. M. Sc.*, Phila., 1885, n. s., lxxxix, 38-52. Also: Reprint.
- BICKES. Statistik der Anstalten für Geistes- kranke zu Paris. *Ztschr. f. d. Staatsarznk.*, Erlang., 1833, xxvi, 420-27.
- BIFFI (S.) Le suore di carità nei manicomi. *Arch. ital. per le mal. nerv.*, Milano, 1866, iii, 129-41. Also: Reprint.
- Sui manicomi a quartieri appartati (Pavilion Asylums). *Arch. ital. per le mal. nerv.*, Milano, 1867, iv, 137-43.
- Di alcuni manicomi di Francia. *Gazz. med. ital. lomb.*, Milano, 1855, 3 s., vi, 417-22.
- [et al.] Relazione dell'a Commissione d'inchiesta sul manicomio e documenti relativi 1878. 8vo. Genova [1878].
- Il manicomio di San Servilio a Venezia e sua ultima statistica. *Arch. ital. per le mal. nerv.*, Milano, 1864, i, 248; 1866, iii, 113.
- Delle istituzioni per li alienati nel Belgio. *Gazz. med. ital. lomb.*, Milano, 1854, 3 s., v, 341-51.
- Provvedimenti che occorrerebbero in Italia pei delinquenti divenuti pazzi. *Arch. ital. per le mal. nerv.*, Milano, 1872, ix, 279-309.
- Della colonizzazione dei pazzi. *Gazz. med. ital. lomb.*, Milano, 1862, 5 s., i, 281, 365.
- Sulle Riforme pei pazzi nella provincia di Milano. *Arch. ital. per le mal. nerv.*, Milano, 1866, iii, 3-19.
- Sul progetto ministeriale di regolamento per il servizio dei manicomi e dei me- teccati, per ciò che riguarda il ricovero di questi. *Ibid.*, 1875, xii, 161-76.
- BILLOD. De l'emploi des marmites isolées autrement dites norvéciennes dans les asiles d'aliénés. *Ann. méd.-psych.*, Paris, 1877, 5 s., xvii, 81-5.
- (.) De la dépense des aliénés assistés en France et de la colonisation considérée comme moyen pour les départements de s'en exorciser en toute ou en partie. 8vo. Paris, 1861.
- Les aliénés en Italie, établissements qui leur sont consacrés, organisation de l'en- seignement des maladies mentales et nerveuses. 8vo. Paris, 1884.
- Note sur la situation du service des aliénés en France. *Cong. périod. internat. d. sc. méd.*, Compte-rendu, 1879. Amst., 1881, vi, pt. 2, 178-81.
- Visite à quelques asiles d'aliénés ou d'idiots de la Hollande. *Ann. méd.-psych.*, 1880, 6 s., iii, 71-95. Also, transl.: *Rev. méd.-quir.*, Buenos Aires, 1880-81, xvii, 40, 65, 139, 181.
- BILLOD. De la protection donnée par la loi du 30 juin 1838 contre les aliénés dits "crimi- nels". *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 16-23.
- D'une lacune de la législation relative- ment aux aliénés dits "criminels". *Bull. Acad. de méd.*, Paris, 1883, 2 s., xii, 589-601.
- Etude sur des questions concernant la réorganisation du service des aliénés de la Seine. *Ann. méd.-psych.*, Paris, 1874, 5 s., xii, 44, 222.
- BINSWANGER (L.) Villa Bellevue bei Cons- tanz Asyl für Nerven- und Gemüths- kranke. Maison de Santé. [Prospectus.] 40. Kreuz- lingen, 1857.
- Bericht über das Irrenwesen der Schweiz. *Verhandl. d. schweiz. naturf. Gesellsch.*, Glarus, 1851, xxxvi, 111-17, 1 tab.
- BIRD (F.) Ueber Einrichtung und Zweck der Krankenhäuser für Geistes- kranke, und die ärztliche Behandlung überhaupt. 8vo. Berlin, 1835.
- Bemerkungen über Krankenhäuser für Wahnsinnige. *Ztschr. f. d. Staatsarznk.*, Erlang., 1832, Ergänzbl., 172-241.
- BIRDSALL (W. R.) Observations on the Insane Asylums of California and Nevada. *Arch. Med.*, New York, 1880, iii, 345-57. Also: Reprint.
- BIRKMAYER. Notizen über das Irrenhaus für Chinesen und Malayer, das Spital und die Behand- ung der am häufigsten vorkom- menden Krankheiten in Batavia. *Report. f. d. ges. Med.*, Jena, 1844, viii, 33-40.
- BIZARRO (J. P. d' A.) Considerações sobre o melhor modo de se poder estabelecer hum hospicio de alienados. *J. Soc. d. sc. méd. de Lish.*, 1837, v, 257-66.
- BJÖRNSTROM (F.) Några statistiska siffror rörande sinnessjukdomarnas orsaker i Sverige. *Upsala Lakarof.*, Förh., 1873, viii, 354-62.
- BLAKE (J. A.) Defects in the Moral Treat- ment of Insanity in the Public Lunatic Asylums of Ireland, with suggestions for their remedy, and some observations on the English Asylums. 8vo. Lond., 1862.
- BLAKESLEY (Rev. J. W.) The History of Herodotus. 2 vols. 8vo. Lond., 1881.
- BLANCHE (A.) De l'état actuel du traitement de la folie en France. 8vo. Paris, 1840.
- Des placements volontaires dans les asiles d'aliénés de la Seine. *Ann. méd.-psych.*, Paris, 1875, 5 s., xiii, 99-187.
- Rapport sur les projets de réforme relatifs à la législation sur les aliénés. *Bull. Acad. de méd.*, Paris, 1884, 2 s., xiii, 135-68. [Discussion], 269, 311, 345, 361, 390. Also: *Encéphale*, Paris, 1884, iv, 186-239. Also: *Ann. méd.-psych.*, Paris, 1884, 6 s., xi, 531-74. Also [Abstr.]. *J. d'hyg.*, Paris, 1884, ix, 85, 99.
- et MOTET (A.) Sortie d'un aliéné non

- gueri; les placements d'office dans les asiles de la Seine et l'art. 29 de la loi de 1838. *Ann. méd.-psych.*, Paris, 1880, 6 s., iii, 270-281.
- BLANDFORD (G. F.) President's Address, Medico-Psychological Association. *J. Ment. Sc.*, Lond., 1877-8, xxiii, 309-24.
- BLANKENBURG I. THÜRINGEN. Heilanstalt für Nerveekranke Villa Emilia bei Blankenburg in Thüringen. [Circular of the Director.] 8°. [n. p., n. d.]
- BLAVATSKY (Helena Petrevna). *Isis Unveiled*. 2nd ed., 2 vols. 8vo. New York, 1877.
- BLEYNE (F.) L'article 8 de la loi des aliénés. *Rev. méd. de Limoges*, 1869-70, iii, 49-52.
- BLUMRÖDER. Zur Exegese des Wahnsinns. *Bl. f. Psychiat.*, Erlang., 1837, 1 Heft, 62-70.
- Boards (Are) of Lunacy Commissioners expedient for American Asylums? 8vo. Hartford, 1877.
- Reprint from: *Ann. Rept. Retreat for the Insane at Hartford*, 1877, liii.
- BODINGTON (G. F.) [Amendment of the Lunacy Laws.] *Lancet*, Lond., 1879, i, 773-75.
- BOISARDUS (J. J.) *P'rs Romanae Urbis topographicae*. Fol. Francofordii, 1597-1602.
- BOMBAY. Annual Administration and Progress Reports on the Lunatic Asylums in the Bombay Presidency. By the Surgeon-General. . . . 8vo. and fol. Bombay, 1874-84.
- BONACOSSA (G. S.) Sullo stato de' mentecatti e degli ospedali per i medesimi in varii paesi dell' Europa. 8°. Torino, 1840.
- Saggio di statistica del regio manicomio di Torino dal 1 di gennaio 1831 al 31 dicembre 1836. 8°. Torino, 1837.
- Programma per la costruzione di un nuovo manicomio. 8°. Torino, 1857.
- Programma per la costruzione di un nuovo manicomio, alla cetosa di collegio in Piemonte. *Gazz. med. ital. lomb.*, Milano, 1857, 4 s., ii, 261-64.
- Sulla formazione dei manicomiali per i cordannati sostenuti nelle carceri d' Italia. *Gior. d. r. Accad. di med. di Torino*, 1872, 3 s., xii, 59-61.
- Osservazioni sulla proposizione di legge del Bernardino Bertini, riguardante la custodia e la cura dei mentecatti e considerazioni sullo stato attuale de' pazzi in Piemonte. 8°. Torino, 1849.
- BONFIGLI (C.) Nuove celle per i pazzi furiosi. *Arch. ital. per le mal. nerv.*, Milano, 1873, x, 117-41, 1 pl.
- A quali specie di Lavori agricoli sia opportuno far attendere i mentecatti nelle colonie. *Arch. ital. per le mal. nerv.*, Milano, 1877, xiv, 368-96.
- Osservazioni al progetto di regolamento ministeriale per il servizio dei mentecatti e dei manicomiali. *Arch. ital. per le mal. nerv.*, Milano, 1875, xii, 141-61.
- BONN ASYLUM. *Tide L. Klasen, Grundriss Vorbilder*, p. 405, fig. 387, 388.
- BONN. Asyl Putzchen bei Bonn. Prospect des Asyls für Geisteskranken zu Putzchen bei Bonn. Von Dr. Leopold Besser. Aug., 1866. 4°. Bonn n. d.]
- BONNARIC. Hospice de l'Antiquaille Hôpital-annexe des Chazeaux; rapport médical. 8°. Lyon, 1870.
- BONNET (H.) Les aliénés devant la société. *Ann. méd.-psych.*, Paris, 1864, 4 s., iii, 157; iv, 332.
- Réflexions sur l'administration provisoire des biens des aliénés. *Ann. méd.-psych.*, Paris, 1883, 6 s., ix, 433-55.
- BONOMI (S.) Rendiconto della gestione sanitaria del manicomio provinciale di Como per l' anno 1867. *Ann. univ. di med.*, Milano, 1868, cciii, 465-512.
- Sulla accettazione dei mentecatti. *Ibid.*, 1868, cciii, 117.
- BONUCCI (F.) Delle malattie mentali nell' Umbria. *Gazz. med. ital. lomb.*, Milano, 1863, 5 s., ii, 124.
- BOPP. Nachrichten von dem Hospitale und Irrenhause Hofheim in Grossherzogthum Hessen in den Jahren 1831-35. *Jahrb. d. ges. Staatsarznk.*, Leipzig, 1835, 1, 3 Heft, 73; 1837, ii, 555.
- BOSTON (U.S.A.) Report of a [Joint Special] Committee on the Subject of a New Lunatic Hospital in Boston. *City Doc.*, No. 58. Sept. 12, 1853. 8vo. [Boston, 1853.]
- Plans, Descriptions, and Estimates of the Boston Hospital for the Insane at Winthrop, Mass., 1867. 8vo. Boston, 1867.
- Modified Plans and Estimates of the Boston Hospital for the Insane at Winthrop. *City Doc.*, No. 75. 1868. 8vo. Boston, 1868.
- Report on a Site for an Insane Asylum for Boston. . . . *City Doc.*, No. 101. Oct. 28, 1869. 8vo. [Boston, 1869.]
- [Report of the Committee of both Boards on the Jail, Houses of Correction, Industry, and Reformation, who were instructed to report on a system for the organisation and government of the Hospital for the Insane and Idiots, lately erected at South Boston.] *City Doc.*, No. 8. Feb. 18, 1830. 8vo. [Boston, 1830.]
- [Report of the Board of Visitors of the Boston Lunatic Hospital, on the Administration and Conduct] *City Doc.*, No. 24 Nov. 19 1840. 8vo. [Boston, 1840.]
- [Report of the Board of Visitors of the Boston Lunatic Hospital. (i) On the Management of the Institution by the two immediate Officers, the Superintendent and the Steward. (ii) On the Visitation of the Institution by the Board of Visitors.] *City Doc.*, No. 26. Dec. 23, 1841. 8vo. [Boston, 1841.]
- [An Ordinance to choose annually a Joint Standing Committee of the City Council to be a Board of Visitors of the Boston Lunatic Hospital.] *City Doc.*, No. 19. Sept. 22 1842. 8vo. [Boston, 1842.]
- [Report on the subject of the "Employment of Patients of the said Institution by the erection of suitable workshops or otherwise. . . ."] *City Doc.*, No. 32. 8vo. [Boston, 1843.]
- [An Ordinance in addition to "An Ordinance relating to the Boston Lunatic Hospital", appointing a Board of Visitors.] *City Doc.*, No. 2. Feb. 6, 1845. 8vo. [Boston, 1845.]

- Report of a Committee of the Board of Directors for Public Institutions in relation to the Condition of the Boston Lunatic Hospital, made May 23, 1862. 8vo. Boston, 1862.
- Memorial of the Board of Directors for Public Institutions in relation to the Lunatic Hospital in Boston. *City Doc.*, No. 11, Jan. 1863. 8vo. Boston, 1863.
- Contract and Specifications for the Steam-heating and Ventilating to be done at the Boston Lunatic Hospital, South Boston, by the Board of Directors for Public Institutions. 4to. Boston, 1882.
- Lunatic Hospital. Rules and Regulations. 12mo. Boston, 1848.
- McLean Asylum for the Insane. Rules and Regulations for the Admission of Boarders to the Asylum for the Insane, Charlestown, Mass. 4to. [Boston, n. d.]
- BOTTEN. Programme et plan pour la construction de l'asile public des aliénés du Rhône. 8o. Lyon, 1847.
- (A.) Rapport statistique sur le service des aliénés de l'hospice de l'Antiquaille, suivi de considérations générales sur le traitement de la folie. 8o. Paris, 1839.
- Programme et plan pour la construction de l'asile public des aliénés du Rhône. *J. de méd. de Lyon*, 1847, 2 s., i, 177-203, 1 pl.
- BOUBILA. Asiles de Norvège, de Suède et de Danemark. *Ann. méd.-psych.*, Paris, 1884, 6 s., xii, 235-56.
- BOUCHARD (C.) La question des aliénés et la loi de 1838. *Gaz. heb. de méd.*, Paris, 1868, 2 s., v, 641, 673, 769, 817.
- BOUCHEREAU et MAGNAN. Statistique des malades entrés en 1870 et en 1871 au bureau d'admission des aliénés de la Seine. *Ann. méd.-psych.*, Paris, 1872, 5 s., viii, 342-86.
- BOUCHET (C.) Compte moral du quartier des aliénés de l'hospice général de Nantes. *Ann. méd.-psych.*, Paris, 1846, viii, 395-415.
- Quartier des aliénés de l'hospice général de Nantes. *Ibid.*, 242-54.
- Rapport sur l'asile des aliénés de Nantes. *Ibid.*, 1848, xi, 218-55. Also: Reprint.
- Du travail appliqué aux aliénés, asile Saint-Jacques. *Ibid.*, 1848, xii, 301-22.
- Mémoire statistique sur les aliénés du département de la Loire-Inférieure. *Ann. d'hyg.*, Paris, 1840, xxiii, 270-386, 1 pl.
- BOURLAND-LUSTERBOURG. De l'opportunité de faire rentrer le service des aliénés de la Seine sous le régime de la loi de 1838. *Ann. Soc. de méd. de Lyon*, 1872, 2 s., xx, 217-19.
- BOWER (D.) The Means at present provided by Law for the Care and Cure of Non-pauper Lunatics, and its Safeguards. *Brit. M. J.*, Lond., 1881, ii, 152.
- BOYD (R.) The Care and Treatment of the Insane Poor. *J. Ment. Sc.*, Lond., 1870-71, xvi, 315-20.
- The Cure and Care of the Insane. *Lancet*, Lond., 1880, ii, 934, 1013.
- BRACKETT (C. F.) and HUNT (E. M.) Report on the Disposition of Insane Criminals. *Rep. Bd. Health N. Jersey*, Trenton, 1878, ii, 33-47.
- BRADNER (N. R.) Lunatics at Large v. Sane Persons in Lunatic Asylums. *Med. Rec.*, New York, 1883, xxiii, 344.
- BRAKE. Bekanntmachung der Bedingungen, unter welcher Geisteskranke in die Irrenanstalt zu Brake aufgenommen werden. Vom 28 Sept. 1847. Fol. [n. p., n. d.]
- Instruction für das Wartungspersonal der Fürstlich-Lippischen. . . . 12o. [Brake, 1866.]
- Verordnung, die Verpflegungs-Beiträge für die Kranken in der . . . betr. vom 29 Dec. 1874. 4o. [Detmold, 1874.]
- Verwaltung (Die) der . . . 4o. [Brake, 1869.]
- Heil- und Pflegeanstalt. Aufforderung und Bitte an alle guten wohlthätigen Bewohner des Landes. Detmold, den 30 Oct. 1803. MS. fol. [Detmold, 1803-4.]
- Direktorialbericht über die Verwaltung von der Eröffnung im Jahre 1811 bis ende 1868. 4o. [Brake, 1869.]
- BRANDES (G.) Die Irrencolonien, in Zusammenhang mit den ähnlichen Bestrebungen auf dem Gebiete der Armen- und Waisenerziehung und mit besonderer Rücksicht auf die Verhältnisse im Königreiche Hannover. 8o. Hannover, 1865.
- BREMEN. Heil- und Pflegeanstalt für Nervenleidende und Geisteskranke. Prospect der . . . Von Dr. Hermann Engelken zu Rockwinkel bei Bremen. 8o. [n. o., n. d.]
- BRENNER (F.) Bericht über die Wirksamkeit der Irrenanstalt in Basel vom Jahre 1861 bis zum Jahre 1870 und des Versorgungsbauwes vom Jahre 1855 bis zum Jahre 1870. 8o. Basel, 1872.
- Grundzüge eines Irren-Gesetzes. 8o. Basel, 1871. Also: in *Friedrich's Bl. f. gerichtl. Med.*, Nürnberg, 1872, xxvii, 372-82.
- BREUNIG (F. G. T.) De cura publica mente captorum. 8o. Berolini. [1833.]
- BRIERRE de BOISMONT (A.) Indiquer l'exposition, l'emplacement, la distribution, la direction matérielle, hygiénique et médicale les plus convenables pour l'établissement d'un hospice d'aliénés; mémoire couronnée. *Ann. Soc. d. sc. méd. et nat. de Brux.*, 1836, 18-39, 1 pl. [Rap. de J. R. Marinus], 40-43. Also *Bull. clin.*, Paris, 1836-7, ii, 19 et seq.
- Mémoire pour l'établissement d'un hospice d'aliénés. *Ann. d'hyg.*, Paris, 1836, xvi, 39-120. Also, transl.: *Trans. M. Soc. N. Y.*, Albany, 1836-7, iii, 238-98.
- Une visite à la colonie de Gheel en 1846 à l'occasion de la brochure de M. le dr. Parigot: L'air libre et la vie de famille dans la commune de Gheel, Bruxelles, 1852. *Ann. méd.-psych.*, Paris, 1852, iv, 520-46.
- Remarques sur quelques établissements d'aliénés de la Belgique, de la Hollande et de l'Angleterre. *Ann. d'hyg.*, Paris, 1847, xxxvii, 44, etc.
- (A. J. F.) Coup d'œil sur l'établissement d'aliénés de Sonnenstein à Pirna, près Dresde. *Gaz. méd. de Par.*, 1832, iii, 841.
- (A.) Des établissements d'aliénés en Italie. *J. Compl. du dict. d. sc. méd.*, Paris, 1832, xliii, 225; xlii, 102.

- Des asiles d'aliénés en Italie. *Ann. méd.-psych.*, Paris, 1863, 4 s., i, 410-14.
- De l'organisation des établissements d'aliénés en Italie. *Ibid.*, 1864, 4 s., iii, 349-61.
- Programme pour la formation de plans d'un asile modèle destiné à la ville de Madrid. *Ibid.*, 1860, 3 s., vi, 304-427.
- Sur les dangers qui peuvent résulter de la sortie des aliénés incomplètement guéris. *Soc. de méd. leg. de Par.*, Bull., 1869, i, 419-24.
- Appréciation médico-légale du régime actuel des aliénés en France à l'occasion de la loi de 1838. *Ann. méd.-psych.*, Paris, 1865, 4 s., vi, 50-93.
- De la colonisation appliquée au traitement des aliénés. *Ibid.*, 1862, 3 s., viii, 247, 498. Also: *Union méd.*, Paris, 1861, 2 s., xi, 145-51. Also: *Rev. méd. franç. et étrang.*, Paris, 1861, ii, 65-72; 1862, ii, 266-74. Also: *Gaz. méd. de l'Algérie*, Alger, 1861, vi, 145-49. Also: *Ann. d'hyg.*, Paris, 1862, 2 s., xvii, 380-427.
- De la nécessité de créer un établissement spécial pour les aliénés vagabonds et criminels. *Ann. d'hyg.*, Paris, 1846, xxxv, 395-412.
- Les fous criminels de l'Angleterre. *Ibid.*, 1869, 2 s., xxxi, 382-419. Also, transl.: *Am. J. Insan.*, Utica, N.Y., 1870-71, xxvii, 278-308.
- Brigham Hall. Announcement. January 1860. [Being a History and Description of the Institution.] 8vo. Canandaigua, 1860.
- [Circular of the Managers to the Public, stating the necessity and merits of the Institution.] 8vo. Canandaigua, 1860.
- Broadmoor Criminal Lunatic Asylum. *Med. Times and Gaz.*, Lond., 1871, ii, 415.
- BROCCA (G.) Delle pazzie curate presso l'ospedale maggiore di Milano nel triennio 1867-8-9. *Arch. ital. per le mal. nerv.*, Milano, 1870, vii, 159, 234, 273, 355. 1 pl.
- BROCHIN. Maisons de retraite. *Dict. encycl. d. sc. méd.*, Paris, 1871, 2 s., iv, 194-96.
- Le mouvement des aliénés à l'infirmerie spéciale de la préfecture de police en 1873. *Gaz. d. hôp.*, Paris, 1874, xlvii, 353.
- BRODIE (W.) State Care of the Insane. *Tr. M. Soc. Mich.*, 1870, Lansing, 1871, 53-57.
- BROSINS. Ueber das familiäre System der Irrenbehandlung. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1865, xxii, 438-44.
- Weiteres zu N. R. Frage. *Irrenfreund*, Heilbr., 1880, xxii, 7, 17, 33, 49. Also: *Ber. ü. d. Versamml. deutsch. Irrenärzte*, Berlin, 1865, 108-114.
- Ueber offene Curanstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1881-2, xxxviii, 706-8.
- Ueber die Irrencolonie Gheel. *Ber. ü. d. Versamml. deutsch. Irrenärzte*, Berlin, 1865, 94-107, 2 pl. Also: *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1865, xxii, 424-37.
- (C. M.) Bendorf-Sayn Asyl für Gehirn- und Nervenkranken, nebst Bemerkungen über Curmittel bei Irren. 8°. Berlin, 1867.
- Die Asyle Bendorf und Sayn bei Coblenz und die damit verbundene Colonie für Gehirn- und Nervenkranken, nebst Bemerkungen über Curmittel bei Irren. 8°. Berlin, 1875.
- Aus meiner psychiatrischen Wirksamkeit. 8°. Berlin, 1878.
- BROSINS (C. M.) u. Brosins (L.) Prospectus der Asyle für Gehirn- und Nervenkranken unter Direction der Brüder Dr. . . . zu Bendorf und Sayn bei Coblenz. 8°. [Berlin?], n. d.]
- BROUSSAIS (F. J. V.) De l'irritation et de la folie. 2nd ed. 8°. Paris, 1839.
- Conversations on the Theory and Practice of Physiological Medicine. 8vo. Lond., 1825.
- BROWNE (W. A. F.) What Asylums were, are, and ought to be; being the substance of five Lectures. 8vo. Edinburgh, 1837.
- Cottage Asylums. *Med. Critic and Psych. J.*, Lond., 1861, i, 213-449.
- Visitation of Asylums; quis custodiet custodes? *N. Engl. M. Month.*, Newtown, Conn., 1882-3, ii, 200-7.
- BRUCKSHAW (Samuel). One more Proof of the Iniquitous Abuse of Private Mad-houses. 8vo. Lond., 1774.
- BUGNONI (L.) Cenni storici, topografici, statistici, medici, sul manicomio di Bergamo. *Ann. univ. di med.*, Milano, 1853, cxlv, 148, 225, 449.
- BRUGSCH (H.) Egypt under the Pharaohs. 2 vols. 8vo. Lond., 1881.
- BRUNET (D.) et BULCKENS. De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France*, 1864. Paris, 1865, xxii, 620-39.
- BRUNN. Staat der mährischen Landesirrenanstalt. *Wien. med. Wochenschr.*, 1863, xiii, 221, 235.
- BRUSH (E. N.) Notes of a Visit to some of the Asylums of Great Britain. *Am. J. Insan.*, Utica, N.Y., 1882-3, xxxix, 269-300. Also: *Chicago M. J. and Exam.*, 1883, xlvii, 494-519.
- BUCKLE (H. T.) History of Civilization in England. 8vo. Lond., 1857-61.
- BUCKNILL (J. C.) Address on Private Lunatic Asylums. *Brit. M. J.*, Lond., 1880, i, 198-200.
- Discussion on Private Lunatic Asylums. *J. Psych. M.*, Lond., 1880, n. s., vi, pt. 1, 109-35.
- The Care of the Insane and their Legal Control. 8vo. London, 1880.
- Asylum Architecture and Arrangements. *Asylum J. Ment. Sc.*, Lond., 1856-7, iii, 385-96.
- Notes on Asylums for the Insane in America. *Lancet*, Lond., 1876, i, 418, etc. Also: *Am. J. Insan.*, Utica, N.Y., 1876, xxxii, 21, 137.
- Psychological Medicine in America. *Med. Times and Gaz.*, Lond., 1876, ii, 276-78.
- BUFFA (P. F.) Censo sopra i principali manicomii d'Italia e di Francia. *Ann. univ. di med.*, Milano, 1839, lxxxix, 457-519.
- BUFFALO. State Provision for the Insane (New York); Buffalo State Asylum: its

- History and Description. *Am. J. Insan.*, Utica, N.Y., 1872-3, xxix, 1-13, 1 pl.
- BULARD (J.) Asile public d'aliénés de Maréville. Rapport médical sur le service de la division des femmes pour l'année 1870. 8°. Nancy, 1871.
- BULCKENS. Quelques statistiques sur l'asile d'aliénés de Gheel. *Bull. Soc. de méd. ment. de Belge*, Gand, 1876, No. 7, 13-34. Analyse du rapport de la commission d'inspection générale de la Hollande sur quelques asiles d'aliénés français, auxquels des exploitations agricoles sont annexées. *Ibid.*, 1875, No. 5, 60-80. [L'origine, l'histoire et l'organisation de la colonie d'aliénés de Gheel.] *Ibid.*, 1875, No. 6, 13-34. Also [Abstr.]: *Cong. périod. internat. d. sc. méd.*, Compte-rendu, 1875, Brux., 1876, iv, pp. xcxc-cxv.
- Notice sur les asiles et le régime des aliénés sur la doctrine médicale et la thérapeutique des maladies mentales en Hollande. *Ann. Soc. de méd. d'Anvers*, 1863, xxiv, 73-145. [Rao. de Merens], 145-48.
- BUNZLAU. Uebersicht der Provinzial-Irreopflege-Anstalt seit Eröffnung. 4°. Breslau, 1867.
- BURKART. Die Heilanstalt Pfullingen. *Med. Cor.-Bl. d. würtemb. ärztl. Ver.*, Stuttgart, 1878, xlviii, 193, 201.
- BURMANN (J. W.) On the Separate Cure and Special Medical Treatment of the Acute and Curable Cases in Asylums; with Proposals and Suggestions for a detached hospital for special purposes, in connection with every large public lunatic asylum. *J. Ment. Sc.*, London, 1879-80, xxv, 315, 468. Four Departmental Asylums in the North-West of France. *Ibid.*, 1873-4, xix, 541-52.
- BURROWS (G. M.) Cursory Remarks on a Bill now in the House of Peers for Regulating of Madhouses; its probable influence upon the physical and moral condition of the insane, and upon the interests of those concerned in their care and management; with observations on the defects of the present system. 8vo. Lond., 1817.
- Cursory Remarks on Legislative Regulation of the Insane, and its probable influence on their physical and moral condition. 8vo. Lond., 1819.
- BUSHNAN (J. S.) Letter to the Noblemen and Gentlemen . . . on the Necessity of erecting an Asylum . . . 8vo. Dumfries, 1831.
- BUTLER (W. M.) When to send a Patient to an Insane Asylum. *Tr. Homoeop. M. Soc. N. Y.*, Havana, 1882, xvii, 161-66.
- BUTTOLPH (H. A.) Historical and Descriptive Account of the New Jersey State Lunatic Asylum at Trenton. *Am. J. Insan.*, Utica, N.Y., 1849-50, vi, 1-22, 1 pl., 1 ch. Also: Reprint.
- C.
- CADIZ. Réflexions sur l'établissement des aliénés à Cadix. *Bull. Soc. de méd. de Gand*, 1841, vii, 239-42.
- CAFFE. De l'asile des aliénés de Bassins (en Savoie). *Ann. méd.-psych.*, Paris, 1860, 3 s., vi, 250-56.
- CAILLEUX (G. de). De l'influence des translations des aliénés chroniques de la Seine dans les divers climats de la France au point de vue de la guérison des aliénés et de leur mortalité. 8°. Paris, 1862.
- CALIFORNIA. Insanity and Insane Asylums. Report of E. T. Wilkins, Commissioner in Lunacy for the State of California, made to the Governor of the State, Dec. 2, 1871. 8vo. Sacramento, 1872.
- CALVI (P.) Rendiconto clinico statistico dei pazzi ricoverati nel manicomio d' Astino presso Bergamo durante l'anno 1862. *Gazz. méd. ital. lomb.*, Milano, 1863, 5 s., ii, 265, 345, 422.
- CAMP (M. du). Les aliénés à Paris; les asiles; la sûreté à Bicêtre. *Rev. d. deux mondes*, Paris, 1872, cii, 35-68.
- CAMPBELL (J. A.) Remarks on some minor Matters of Management in Asylums. *J. Ment. Sc.*, Lond., 1883-4, xxix, 373-82.
- CANADA. Provincial Lunatic Asylum at St. John's. Annual Reports of the Medical Superintendent, i, 1861; iv, 1864. Rep. Bd. Insp. Asyl., Prisons, etc., Canada. Quebec, 1862, ii, 125-31, etc. Rapport annuel des propriétaires pour l'année 1865. Rap. Bur. d. insp. d'asiles, prisons, etc., Canada. Ottawa, 1866, v (App.), 12. Rapport annuel du médecin surintendant pour l'année 1865. *Ibid.*, 14-25. Insane in Canada. *Méd.-Chron.*, Montreal, 1854-5, ii, 326-29.
- CAPPELLE (H. van). Het ann deel der verschillende provinciën der bevolking der Nederl. ge-tichten voor krankzinnigen. *Psychiat. Bl.*, Dordrecht, 1883, i, 131-36. Het toenemen der bevolking van de krankzinnigen-gestichten in Nederland, *Ibid.*, 1883, i, 5-13.
- CAPPELLI (G.) Della necessità dei manicomi criminali nel regno d'Italia. *Arch. ital. per le mal. nerv.*, Milano, 1873, x, 65-103.
- CARDONA (F.) De'manic mi. *Bull. d. Sc. med. di Bologna*, 1864, 4 s., xxii, 401-57. D l manicomio Anconitano. *Arch. ital. per le mal. nerv.*, Milano 1864, i, 65-84.
- CARLSFELD. Bericht über die Privatheilanstalt während der Jahre 1863-71. Von H. Bottger, Director der Anstalt. Deutsche Klinik, Berlin, 1865, xvii, 79; 1866, xxi, 84; 1871, xxiii, 434, 439. Also: Reprint [for 1863-8].
- CARMARTHEN (the) Lunatic Asylum (plan). *Builder*, Lond., 1863, xxi, 602, 603, 605.
- CARMOLY (Eliacin). Histoire des médecins juifs anciens et modernes. 4°. Brux., 1844.
- CAROLINA. Insane Asylum of North Carolina, at Raleigh. *Vide* North Carolina.
- CARPENTER (J. T.) The Management of the Insane. *Tr. M. Soc. Penn.*, Phila., 1881, xiii, pt. 2, 534-45.
- CARRIER (J. B.) Études statistiques sur les aliénés traités dans l'asile de St.-Jean-de-Dieu près Lyon, pendant les années 1838-39 et 40. 8°. Lyon, 1841.
- (E. fils) De la possibilité et de la con-

- venance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France* 1864, Paris, 1865, ii, 651-66.
- CASTELNAU (H. de). Essais physiologiques sur la législation. Premier essai. De l'interdiction des aliénés. Roy. 8vo. Paris, 1860.
- CASIGLIONI (C.) Su le questioni preliminari per la costruzione di un nuovo pubblico manicomio. *Ann. univ. di med.*, Milano, 1857, clxii, 5, 260, 457.
- Sopra un viaggio ai più reputati manicomii d'oltr' alpi e d'oltre-mare. *Ibid.*, 1856, clv, 225.
- I manicomii provinciali nel regno d'Italia e l'organizzazione e amministrazione loro. Fol. [Milano, 1864?]
- Idee e progetto per un manicomio nella provincia di Como. *Arch. ital. per le mal. nerv.*, Milano, 1868, v, 232-57.
- Su l'accrescita insalubrità del pubblico manicomio di Milano, la Senavra. *Ann. univ. di med.*, Milano, 1852, cxlii, 225-68.
- Sul manicomio di Mombello succursale al manicomio la Senavra. *Arch. ital. per le mal. nerv.*, Milano, 1868, v, 273, 363, 2 pl.
- Sui manicomii della provincia di Milano. *Ibid.*, 1869, vi, 377 et seq.
- Note statistiche sul numero dei pazzi in Lombardia nell'anno 1855. *Gazz. med. ital. lomb.*, Milano, 1861, 4 s., vi, 105, 181.
- Idee per una legge sugli alienati. *Arch. ital. per le mal. nerv.*, Milano, 1866, iii, 333; 1867, iv, 3, 73.
- CAVALIER (C.) Rapport sur l'assistance publique des aliénés. *Montpel. méd.*, 1872, xxix, 213, 309.
- CELLARIUS (Salomon). Origines et antiquitates medicæ. 12mo. Jena, 1701.
- CERA (V. L.) Progetto di un ospedale clinico per le malattie della mente. (With Rep.) *Rendic. Accad. med.-chir. di Napoli*, 1868, xxii, 81, 133.
- CERISE. Asile (Salles d'). *Dict. encycl. d. sc. méd.*, Paris, 1867, vi, 564-68.
- CHABAS (François Joseph). Voyage d'un Égyptien en Syrie, en Phénicie, en Palestine, etc. : au xiv^{me} siècle avant notre ère. 12^o. Paris, 1866.
- Mélanges égyptologiques, etc. 3 s. 80. Chalons-sur-Saône, 1862-73.
- CHAILLÉ (S.) Insane Asylum of the State of Louisiana, at Jackson. *N. Orl. M. and S. J.*, 1858, xv, 103-24.
- Report of the Board of Administrators of the Insane Asylum at Jackson. *Ibid.*, 1859, xvi, 374-77.
- CHANNING (W.) Note on the Construction of Hospitals for Insane Paupers. *Proc. Confer. Char.*, Boston, 1880, vii, 292-97. Also: Reprint.
- Recent Progress in Insane Asylum Management and Construction. *Boston M. and S. J.*, 1882, cvi, 265-71.
- Recent Progress in the Management of Lunatic Asylums and Care of the Insane. *Ibid.*, cvii, 441-44.
- Report on Recent Progress in the Construction of Insane Hospitals and Management of the Insane. *Ibid.*, 1883, cix, 462-67.
- Recent Progress in the Construction of Insane Hospitals and Management of the Insane. *Boston M. and S. J.*, 1884, cx, 295, 321.
- Care of the Insane in Massachusetts. *Ibid.*, 1879, ci, 760-6.
- Buildings for the Criminal Insane. *Proc. Confer. Char.*, Boston, 1879, vi, 114-29. Also: Reprint.
- The Care of Insane Criminals. *Boston M. and S. J.*, 1881, civ, 172-75.
- CHAPIN (J. B.) Public Complaints against Asylums for the Insane, and the Commitment of the Insane. *Am. J. Insan.*, Utica, New York, 1883-4, xl, 33-49.
- On Provision for the Chronic Insane Poor. *Ibid.*, 1867-8, xxiv, 29-42.
- Report on Provision for the Chronic Insane. *Tr. Am. M. Ass.*, Phila., 1868, xix, 189-201. Also: Reprint.
- The Duty of the State toward the Insane Poor. *Proc. Confer. Char.*, Boston, 1874, i, 3-6.
- Report on Insanity. *Ibid.*, 1877, iv, 1-18.
- On the Improvement of the Condition of the Insane. *Am. M. Times*, New York, 1862, iv, 189, 219, 315.
- Report on Provision for the Chronic Insane. *Tr. Am. M. Ass.*, Phila., 1868, xix, 191-201. Also: Reprint.
- CHAPMAN (T. A.) On some common Misapprehensions as to the Curability of the Admissions of County Asylums. *J. Ment. Sc.*, London, 1877-8, xxiii, 185-96.
- Note on the Comparative Mortality of different Classes of Patients in Asylums. *Ibid.*, 54; 1880-81, xxvi, 11.
- CHARANTE (G. van). Verslag van het Krankzinnigen-Gesticht te Rotterdam. 80. Rotterdam, 1841.
- CHASE (R. H.) Insane Asylums in some of their Relations to the Community. *Tr. M. Soc. Penn.*, Phila., 1883, xv, 204-9.
- The Protective Rights of the Insane in Pennsylvania. *Ibid.*, 1884, xvi, 210-16.
- CHATELAIN. Note sur les évasions d'aliénés dans les maisons de Santé. *Ann. méd.-psych.*, Paris, 1868, 4 s., xii, 235-50.
- CHEATHAM (W. A.) Tennessee Hospital for the Insane. *South. J. M. and Phys. Sc.*, Knoxville, 1857, vi, 3-13, 1 pl.
- CHECHOFF (D. V.) K. voprosu o prizrenii dushevnobolniche. [Providing for the Insane.] *Trach. Iaidom.*, St. Petersburg, 1881, vi, 2683, 2704.
- CHIVERNY (G.) Nozioni teorico-pratiche per uso degli infermieri di manicomio. 80. Milano, 1878.
- CHOMENTOWSKY (S.) Zakłady dla obtakanych w W. Ks. Poznańskiem. [Report of the Asylum for the Insane in the Grand-Duchy of Posen.] *Pam. Towarz. Lek. Warszaw.*, 1866, lv, 382-91.
- CHURCH (W. C.) et al. Lunacy Reform. *Med. Rec.*, New York, 1880, xvii, 246.
- CHURFÜRSTL. Sächsisches Mandat wegen der auf wahnwitzige und melancholische Personen zu führenden Obsicht und des Verfahrens bey freventlichen Selbstmord. *Beitr. z. Arch. d. med. Pol.*, Leipzig, 1789, i, 1 Samml., 72-8.
- CLARK (A. C.) The Special Training of Asylum Attendants. *Am. J. Insan.*, Utica,

- New York, 1883-4, xl, 326-36. Also: *J. Ment. Sc.*, Lond., 1883-4, xxix, 459-66.
- CLAUS. Psychiatrischer Reisebericht aus Dänemark, Schweden und Norwegen. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1883, xl, 187-227.
- CLEAVELAND (D. A.) Lunacy Commissions: their Relations to the Insane and the Public in general. *N. Eng. M. Month.*, Newtown, Conn., 1882-3, ii, 5-11.
- CLEAVES (M. A.) The Medical and Moral Care of Female Patients in Hospitals for the Insane. *Proc. Confer. Char.*, Boston, 1879, vi, 73-83.
- CLEVENGER (S. V.) Our Insane. *Chicago M. J. and Examiner*, 1884, xlviii, 139-65. Insanity in Chicago. *Ibid.*, 1883, xlvii, 449-65.
- CLEVER. Resultate einer Irrenzählung in Esthland im Jahre 1876. *St. Petersb. med. Wchnschrft.*, 1877, ii, 113, 121.
- CLOUSTON (T. S.) On the Question of Getting, Training, and Retaining the Services of good Asylum Attendants. *J. Ment. Sc.*, London, 1876-7, xxii, 381-88. An Asylum or "Hospital Home" for two hundred Patients, constructed on the Principle of Adaptation of various Parts of the House to varied Needs and Mental States of Inhabitants; with Plans, etc. *Rep. Bd. Health Mass.*, Boston, 1879, x, 1-32, 5 pl. Also: *J. Ment. Sc.*, Lond., 1879-80, xxv, 368-88, 5 pl. On Residence for the Insane. *Tr. Nat. Ass. Promot. Soc. Sc.*, 1858, Lond., 1859, 514-21. [Discussion] 537. Also: *J. Ment. Sc.*, Lond., 1858-9, v, 411-20. What Cases should be sent to Lunatic Asylums, and when? *Brit. M. J.*, Lond., 1872, i, 96-8. The Local Distribution of Insanity, and its Varieties in England and Wales. *J. Ment. Sc.*, Lond., 1873-4, xix, 1-19. The Evidence given before the Select Committee of the House of Commons on Lunacy Law, 1877. *J. Ment. Sc.*, Lond., 1878, xxiii, 457-525. Lunacy Law Reform. *Lancet*, Lond., 1885, i, 176.
- COLLINS (S.) Report on Pauper Insanity. Presented to the City Council of Baltimore. 8vo. Baltimore, 1845.
- COLL Y PUJOL (R.) Una visita al manicomio Neuva-Belen. *Independ. méd.*, Barcelona, 1873-4, v, 208-10.
- COLNEY HATCH. County Lunatic Asylum. Final report of the Committee appointed to provide an additional Pauper Lunatic Asylum, and Resolutions of the Court, Middlesex January General Quarter Sessions, 1852. 8vo. Lond., 1852. Report of the *Lancet* Commission on Lunatic Asylums: Colney Hatch Asylum. *Lancet*, Lond., 1876, i, 29, 66.
- Colonien (Die) und Anstalten der innern Mission bei Bielefeld. Broadside [n. p., n. d.]
- CONCORD. New Building for the Insane, Concord, N.H. *Am. Architect*, Boston, 1885, xvii, 6, 1 pl.
- CONTI (E. R.) Considérations statistiques sur la folie dans la province de Buenos Ayres. *Cong. périod. internat. d. sc. méd.*, Comptendu, 1879, Amst., 1881, vi, pt. 2, 204-43. Also, transl.: *Rev. méd.-quir.*, Buenos Aires, 1879-80, xvi, 454, 484, 507. Also: Reprint.
- CONNECTICUT. Report of the Committee for locating a Site for a Hospital for Insane Poor. May Session, 1840. 8vo. New Haven, 1840. State Medical Society. Report of a Committee of the . . . , respecting an Asylum for the Insane, with the Constitution of the Society for their Relief. 8vo. Hartford, 1821. Third Report of the Directors of the Connecticut Retreat for the Insane, presented to the Society May 11, 1827. *Am. M. Recorder*, Phila., 1828, xiii, 229-32. Report of the Select Joint Committee on the Insane Poor: General Assembly. 8vo. Hartford, 1841. Report of Chauncey F. Cleveland, late Commissioner on the Insane Poor, to the General Assembly. 8vo. New Haven, 1844. List of the Insane Poor who have received Aid from the State during the past year. 8vo. New Haven, 1845. Report of the Commissioners for the Insane, Blind, Deaf, and Dumb, and for the Insane Poor. 8vo. New Haven, 1850.
- CONOLLY (J.) Lectures on the Construction and Government of Lunatic Asylums. *Lancet*, London, 1846, ii, 1 et seq. Also: Reprint. Notices of the Lunatic Asylums of Paris. *Brit. and For. M. Rev.*, London, 1845, xix, 281, 594.
- CONRAD (J. S.) Insanity in its Financial Relations to the States. *Tr. M. and Chir. Fac. Maryland*, Balt., 1876, lxxviii, 106-24, 1 tab.
- CONSTANS (A.) Aperçus critiques sur les derniers projets de modifications à la loi du 30 juin 1838. *Ann. méd.-psych.*, Paris, 1883, 6. s., x, 416-53.
- CONSTANS, LUNIER et DUMESNIL. Rapport général à M. le ministre de l'intérieur sur le service des aliénés en 1876, par les inspecteurs généraux du service. [Anal. par Motet.] *Ann. méd.-psych.*, Paris, 1879, 6. s., ii, 54, 408.
- CONSTANS [et al.] Rapport sommaire sur le service des aliénés en 1877. *Ibid.*, 1879, 6. s., i, 82-95.
- COOK (G.) Remarks on the Care and Treatment of the Chronic Insane Poor, before the American Social Science Association, Nov. 1867. 8vo. Canandaigua, 1867.
- COOKE (G.) Asylum for the Insane at Canandaigua. *Tr. M. Soc. New York*, Albany, 1859, 180.
- COOKSON (W. D.) Treatment of the Insane in the Lincoln Lunatic Asylum. *Lancet*, Lond., 1840-41, i, 337-39.
- COPENHAGEN. L'hôpital de St. Hans, asile d'aliénés de Copenhague. Par la magistrature de Copenhague, Dr. méd. V. Steenberg, prof., médecin en chef, H. Meyer, architecte, intendant de l'hôpital. Oblong fol. Copenhague, 1884.
- CORK. Rules and General Orders to be observed by Officers. 8vo. Cork [n. d.].

- CORMACK and SEMPLE. Bethlem Hospital. *Lond. J. M.*, 1851, iii, 271-75.
- CORRIGAN (D. J.). Medical Superintendence of Asylums. *Dublin Q. J. N. Sc.*, 1862, xxxiii, 259-67.
- CORTÉS (J. S.). Los alienados y la administración. *Genio méd.-quir.*, Madrid, 1875, xxi, 2, 18, 34.
- COSTELLO (W. B.). An Address to the Visiting Justices on the Hanwell Lunatic Asylum. 8vo. London, 1839.
A Letter to Lord Ashley, M.P., on Reform of Private Lunatic Asylums. 8vo. London, 1845.
- COUNTY BOARDS and COUNTY Asylums. *J. Ment. Sc.*, Lond., 1882-3, xxviii, 552-77.
- COWAN (F. M.). Lunacy Legislation in Holland. *Ibid.*, 1833-4, n. s., xxix, 158-167.
Nouveau projet de loi hollandaise sur les aliénés. *Ann. méd.-psych.* Paris, 1883, 6 s., x, 254-76.
Die nieuwe wet op de krankzinnigen. *Nederl. Tijdschr. v. Geneesk.*, Amst., 1884, xx, 297, 353.
- COX (Joseph Mason). Practical Observations on Insanity, 3rd ed. 8vo. Lond., 1813.
Quedam de maniâ. 8vo. Lond., 1807.
- COXE. A recent Visit to Gheel. *Med. Critic and Psych. J.*, Lond., 1862, ii, 184-92.
- (J.). On the Condition of the Insane in Scotland, as influenced by Legislation. *Tr. Nat. Ass. Prom. of Social Sc.*, 1863. Lond., 1864, 215-20.
Lunacy in its Relations to the State : a Commentary on the Evidence taken by the Committee of the House of Commons on Lunacy Law in the Session of 1887. 8vo. Lond., 1878.
- CRAMER (H.). Ueber die Bedeutung der Irrenanstalten für die Behandlung der Seelenstörungen. *Verhandl. d. schweiz. naturf. Gesellsch.*, 1868, Einsiedeln [1869], lii, 161-87.
Ueber horizontale und vertikale Trennung der Abtheilungen in Irrenanstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1870-1, xxvii, 53-8.
- CRIMINAL Lunatics. *Med. Critic and Psych. J.*, Lond., 1861, i, 31-7.
- CRIMINALS in Lunatic Asylums. A Petition to the House of Lords by the Chairmen and Superintendents of County and Borough Lunatic Asylums in England. *Lancet*, Lond., 1879, ii, 34.
- CRISENOY (J. de). La loi concernant les aliénés; mémoire adressé à la commission chargée d'élaborer un nouveau projet de loi. 8o. Paris, 1882.
Reprint from *Rev. gén. d'administration*.
- CRONER. Die Resultate der Berliner Irrenzählung vom Jahre 1867. *Arch. f. Psychiat.*, Berlin, 1868, i, 580-2.
- CROTHERS (T. D.). Inebriate Criminals. *Alienist and Neurol.*, St. Louis, 1882, iii, 66-84.
- CROWE (A. M.). A Letter to Dr. Robert Darling Willis; to which are added copies of three other letters, published in the hope of rousing a humane nation to the consideration of the miseries arising from private madhouses, with a Preliminary Address to the Rt. Hon. Lord Erskine. 8vo. London, 1811.
- CROWTHER (C.). Observations on the Management of Madhouses, illustrated by occurrences in the West Riding and Middlesex Asylums. 12mo. London, 1838.
The same. Part the second. Containing an account of Susannah Roginson, etc. 8vo. London, 1841.
- CULLERRE (A.). Contribution à l'étude de la tuberculose chez les aliénés. 8o. Paris, 1876.
- CUMMING (W. F.). Notes on Lunatic Asylums in Germany and other parts of Europe. 8vo. London, 1852.
- CUNNINGHAM (J. D.). A History of the Sikhs. 8vo. London, 1849.
- CURRY (R. O.). Hospital for the Insane. *South. J. M. and Phys. Sc.*, Knoxville, 1856, iv, 81-7.
- CURWEN (J.). On the Propositions of the Association of Superintendents of American Hospitals for the Insane. *Alienist and Neurol.*, St. Louis, 1880, i, 1, 165-78, 322. Also: Reprint [of two articles].
The Organisation of Hospitals for the Insane. *Ibid.*, 509-17.
On the Propositions of the Association on the Organisation of Hospitals for the Insane. *Ibid.*, 1881, ii, 67, 208.
Report on the Proper Treatment of the Insane. *Tr. Am. M. Ass.*, Phila., 1870, xxi, 129-43. Also: Reprint.
An Appeal for the Insane Poor. *Tr. M. Soc. Penn.*, Phila., 1877, xi, pt. 2, 435-41.
Report on the Care of the Insane. *Ibid.*, 1878, xii, pt. 1, 80-97. Also: Reprint.
History of the Association of Medical Superintendents of American Institutions for the Insane, from 1844 to 1874, inclusive, with lists, etc., of the different Hospitals for the Insane. 8vo. [n. p.], 1875.
An Appeal for the Insane Poor in the County Poor-houses in Pennsylvania, prepared by direction of the Medical Society of the State of Pennsylvania. 8vo. [Harrisburg, 1876.]
History of the Association of Medical Superintendents of American Institutions for the Insane, from 1844 to 1884, inclusive, with a list of the different Hospitals for the Insane, and the names and dates of appointment and resignation of the Medical Superintendents. Compiled from the Records of the Association. 8vo. Warren, Pa., 1885.
Report on Mental Disorders. *Tr. M. Soc. Penn.*, Phila., 1875, x, 571-80.
Report on the Care of the Insane. *Ibid.*, 1878, xii, pt. 1, 80-97.
- CUSHING (B.). The Commitment of the Insane. *Boston M. and S. J.*, 1880, cii, 32.
- CYON (E.). Ueber Irrenpflege und Irrenanstalten. *Arch. f. path. Anat.*, etc., Berlin, 1868, xlii, 419, 545. Also [Rev.]: *Ann. méd.-psych.*, Paris, 1874, 5 s., xi, 60-91.
Ueber Irrenanstalten und Irrenpflege. *Wchn.-bl. d. k. k. Gesellsch. d. Aerzte in Wien*, 1868, 277, 285. Also: *Wien med. Presse*, 1868, ix, 674-76.
Ueber Irrenpflege und Irrenanstalten. *Arch. f. path. Anat.*, etc., Berlin, 1868,

- xlii, 419, 545. Also [Abstr.]: *Wien. med. Wchnschr.*, 1868, xviii, 905-7.
- CZERMAK. Programm zu der nieder-oesterreichischen Irren-Colonie. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neu-wied, 1867, xiv, 1-10.
- Mittheilungen über die neue Landes-irrenanstalten bei Gratz und Demonstration der Situationspläne. *Sitzungs-b. d. Ver. d. Aerzte in Steiermark*, Graz, 1870-71, viii, 1-6, 1 map.
- Die mährische Landesirrenanstalt bei Brünn, ihre bauliche Einrichtung, Administration, ärztliche Gebahrung und Statistik. 4^o. Wien, 1866.
- Einiges über die Irrenabtheilung des Krankenhauses in Brünn. *Allg. Ztschr. f. Psychiat., etc.* Berlin, 1857, xiv, 433-39.

D.

- DAGONET (H.) Asiles d'aliénés; loi sur les aliénés. *Ann. méd.-psych.*, Paris, 1865, 4 s., vi, 379-406.
- Etude statistique sur l'aliénation mentale dans le département du Bas-Rhin. *Gaz. méd. de Strasb.*, 1855, xv, 143, 206, 251, 323.
- Notice statistique sur l'aliénation mentale dans le département du Bas-Rhin. *Ibid.*, 1859, xix, 73-80.
- Considérations médicales et administratives sur les aliénés. Mémoire à l'appui du projet d'un asile d'aliénés commun à cinq départements: Aisne, Aube, Ardennes, Marne, Seine-et-Marne. 8vo. Châlons-sur-Marne, 1838.
- Des aliénés dits "criminels". *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 28-35.
- Allgemeine Statistik der Irrenanstalten Frankreichs. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neu-wied, 1869, iii, 118-35.
- Établissements d'aliénés. Loi de juin 1838; asiles d'aliénés. *Ann. méd.-psych.*, Paris, 1865, 4 s., v, 216-38.
- Recherches statistiques sur l'aliénation mentale dans le département de la Marne. Première partie. Mouvement de la population de l'asile public d'aliénés de Châlons-sur-Marne pendant cinq années (1838-43). 8^o. Châlons, 1843.
- Établissements d'aliénés. *Ann. méd.-psych.*, Paris, 1863, 4 s., i, 400-9.
- Note sur une amélioration introduite dans le service des aliénés gâteux de l'asile de Stépansfeld. *Ibid.*, 1864, 4 s., iv, 92-7.
- Une visite à l'asile d'aliénés de Dobran (Bohème). (K. k. böhm. Landesirrenanstalt.) *Ibid.*, 1885, 7 s., i, 242-55.
- De la réorganisation du service des aliénés du département de la Seine. *Ibid.*, 1878, 5 s., xx, 29-43.

- DAGRON (J.) Des aliénés et des asiles d'aliénés. 8^o. Paris, 1875.
- L'asile d'aliénés de Prémontré (Aisne.) *Ann. méd.-psych.*, Paris, 1867, 4 s., ix, 444-49.
- DAHL (L.) Beskrivelse af Rotvold Sindssygeasyl, og Beretning om dets Virksomhed i 1872. Med en historisk Oversigt over Sindssygeforholdene Nordenfjælds og over Asylets Anlaeg. Ved L. Dons. 8^o. Christiania, 1873.

VOL. II.

Bidrag til Kundskab om de Sindssyge i Norge. Udgivet efter offentlig Foranstaltning. 8^o. Christiania, 1859.

Fortsatte Bidrag til Kundskab om de Sindssyge i Norge. *Norsk Mag. f. Laegevidensk.*, Christiania, 1862, xvi, 521, 601.

Ueber einige Resultate der Zählung des Geisteskranken in Norwegen, den 31 Dec. 1865. *Allg. Ztschr. f. Psychiat.*, Berlin, 1868, xxv, 839-46.

DALLDORF. Die städtische Irren-Anstalt zu Dalldorf. Hrsg. vom Magistrat zu Berlin. Fol. Berlin, 1883. *Deutsche Bauzeitung*, 1879, 439.

DAMEROW (H. P. A.) Denkschrift, den Zustand der Irrenabtheilung in der königl. Charité-Heil-Anstalt und die Nothwendigkeit des Neubaus einer Irrenheil- und Pflegeanstalt für die Residenzen Berlin und Potsdam betreffend. 8^o. Berlin, 1842.

Miscellen. (Irrenanstalten in der Provinz Preussen und die Denkschrift des Prof. Heinrich [Ibd. v, s. 394 ff.] betreffend.) 8^o. [Halle], 1849.

General-Tabelle der in den Irren-Heil- und Pflege-so wie in den Krankenanstalten des preussischen Staats befindlichen Seelenkranken, pro 1834. *Med. Ztg.*, Berlin, 1838, vii, 117-20.

Ueber Irrenpfleganstalten. *Ibid.*, 1833, ii, 217-20.

Ueber die Vorträge religiöser Genossenschaften als Irrenwartpersonal. Ein Beitrag zu der Frage: "Soll die westphälische Irrenanstalt Confessionell getrennt werden, oder nicht?" Von E. König. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1855, xii, 293-306. Also, transl. [Abstr.]: *Asylum J. Ment. Sc.*, London, 1855-6, ii, 111-13.

Ein Blick über die Lage von Irrenanstalts Fragen der Gegenwart. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1862, xix, 143-89.

Ist die Krankenpflege und Leitung des Hauswesens in Irrenheilanstalten den barmherzigen Schwestern zu übertragen? *Ibid.*, 1847, iv, 227-36.

Denkschrift den Zustand der Irren-Abtheilung in der königl. Charité-Heilanstalt und die Nothwendigkeit des Neubaus einer Irren-Heil- und Pflege-Anstalt für die Residenzen Berlin und Potsdam betreffend. *Ibid.*, 1849, vi, 49-78.

Antliche statistische Zusammenstellung der in der Provinzial-Irren-Heil- und Pflege-Anstalt bei Halle vom 1 November 1844 bis ult. December 1863 befindlich gewesen Kranken, so wie der von denselben für die Anstalt geleisteten Arbeiten und des dadurch erzielten idealen und realen Arbeitsverdienstes. *Ibid.*, 1851, viii, 631 et seq.

Zur Geschichte des Neubaus der ständischen Irrenheil- und Pflegeanstalt für die preuss. Provinz Sachsen bei Halle a. d. S. *Ibid.*, 1855, xii, 97-112.

Kritisches zur Irrenstatistik aus der Anstalt bei Halle. *Ibid.*, 440-67.

DANA (C. L.) The Asylum Superintendents on the Needs of the Insane, with Statistics of Insanity in the United States. *J. Nerv. and Ment. Dis.*, New York, 1882, n. s., vii, 241-57.

U

- DANA (J. C.) Digest of Statutory Provisions as to the Insane, of the year 1883. *Am. Psych. J.*, Phila., 1884-5, ii, 1-16.
- DANILLO (S.) O priznenii tak nazivamich pomeshannich prestupnikov. [The Care of the Criminal Insane.] *Vestnik klin i sudebnoi psichiat. i nevropatol.*, St. Petersburg, 1884, ii, No. 1, 68-97.
- DANVERS. Report of Progress made by the Commissioners in the Erection of a State Hospital for the Insane at Danvers, Mass. 8vo. Boston, 1875.
- DARLINGHURST. Lunatic Reception House, Darlinghurst, New South Wales. *M. Gaz.*, Sydney, 1872, ii, 169.
- DAVEY (J. G.) Description of a New Bedstead for dirty Insane Persons. *Assoc. M. J.*, London, 1853, 1132.
On the Insane Poor in Middlesex and the Asylums at Hanwell and Colney Hatch. *J. Ment. Sc.*, Lond., 1867-8, xiii, 314-19.
The Insane Poor in Middlesex. 8vo. [Bristol], 1860.
Contributions to Mental Pathology, with Introductory Observations: the State of the Insane in Ceylon. 12mo. London, 1850.
- DAVIDSON (J. H.) Remarks on some of the large Asylums of Italy. *J. Ment. Sc.*, London, 1874, xx, 410-16.
- DAVIES (W. C.) Insanity in relation to the General Practitioner of Medicine. *Cincinnati Lancet and Clinic*, 1880, n. s., iv, 52-6.
A Visit to a Turkish Lunatic Asylum. *Ibid.*, 1875, xxi, 408-14.
- DAVIS (Miss P. B.) Two Years and Three Months in the New York Lunatic Asylum at Utica; together with the Outlines of twenty years' Peregrinations in Syracuse. 12mo. Syracuse, 1855.
- DAWOSKY. Beiträge zu der Hannoverschen Irrenstatistik. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1861, viii, 4-10.
- DAWSON (R.) Bethlem Hospital. *Lancet*, London, 1840-41, ii, 448.
- DEAS (P. M.) A Visit to an Insane Colony. *J. Ment. Sc.*, London, 1876, xxii, 66-76.
- DEBOUTTEVILLE (L.) et PARCHAPPE (M.) Notice statistique sur l'asile des aliénés de la Seine-Inférieure (Maison de Saint-Yon de Rouen), pour la période comprise entre le 11 juillet 1825 et le 31 décembre 1843. 80. Rouen, 1845.
— et MERIELLE. Rapport sur la visite des asiles d'aliénés de la Grande-Bretagne. 80. Rouen, 1853.
- DECHAMBRE (A.) La question du service des aliénés du département de la Seine. *Gaz. hebdom. de méd.*, Paris, 1861, viii, 745-50.
- DEGGENDORF. Niederbayerische Kreis-Irrenanstalt zu Deggenhof. Deggenhof. Satzungen. 120. Deggenhof. [n. d.]
Die Irrenanstalt bei Deggenhof in Niederbayern. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1872, xviii, 37-42.
- DELAIRE. Service des aliénés de la Somme, statistique de l'aliénation mentale. *Soc. méd. d'Amiens Bull.* (1878-9), 1880, xviii et xix, 233-42.
- DELASIAUVE. Les médecins, et les asiles d'aliénés. *J. de méd. ment.*, Paris, 1866, vi, 18, 50.
Du costume pour les aliénés. *Ibid.*, 1867, vii, 274-80.
De l'organisation d'une bibliothèque spéciale dans les établissements publics d'aliénés. *Ibid.*, 1870, x, 177-84.
Les Gâteux; un lit de M. Dumesnil. *Ibid.*, 347-59.
La médecine des aliénés à Constantinople (Analyse d'une notice statistique de M. L. Mongéri sur l'asile du Solimanîé). *Ibid.*, 1867, vii, 307-15.
- DELBROUCK. Ueber die unter den Sträflingen der Strafanstalt zu Halle beobachteten Geisteskrankheiten und ihren Zusammenhang mit dem Verbrechen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1854, xi, 57-103.
Die Seelenstörungen in den Strafanstalten und ihre Behandlung. *Ibid.*, 1863, xx, 441-80.
- DELHEID-DEFRECHÉUX (J.) Ville de Liège. Projet de ferme-asile pour les aliénés des deux sexes. Rapport fait au conseil communal dans la séance du 17 Mars 1865. 80. Liège, 1865.
- DEMANGE. Les Aliénés dangereux. *Ann. d'hyg.*, Paris, 1877, 2 s., xlviii, 534, etc. Also: *Soc. de méd. lég. de France Bull.*, Paris, 1877, v, 162-77. [Discussion], 238-63. Also in: *Société de Médecine légale de France. Dispositions (Des) législatives*, etc. 80. Paris, 1877, 63-133.
- DENMARK. The Lunatic Asylums of Denmark. *Med. Times and Gaz.*, London, 1861, ii, 389.
- DEMAISONS. Des asiles d'aliénés en Espagne. Recherches historiques et médicales. 80. Paris, 1859.
- DESMAZE. Étude sur les législations anciennes et modernes relatives aux aliénés. *Gaz. méd. de Paris*, 1873, 4 s., ii, 85 et seq.
— (C.) Les aliénés; étude sur la loi du 30 juin 1838, le projet Gambetta et le drame d'Evère. 80. Paris, 1873.
- Detention of a sane Englishwoman for five years in a French Asylum. [From: *The Times*, Nov. 21, 1877.] *J. Ment. Sc.*, Lond., 1878, xxiv, 100-7.
- DEUSEN (E. H. van). History and Description of the Michigan Asylum for the Insane. *Am. J. Insan.*, Utica, New York, 1856-7, xiii, 291-305, 1 pl.
Provision for the Care and Treatment of the Insane. *Ibid.*, 1871-2, xxviii, 514-30.
- DEVON. Description of the New House at the Devon County Lunatic Asylum, with Remarks upon the Seaside Residence for the Insane, which was for a time established at Exmouth. *Asylum J. Ment. Sc.*, Lond., 1857-8, iv, 317-28, 1 pl.
- DEWEY (R. S.) Differentiation in Institutions for the Insane. *Am. J. Insan.*, Utica, New York, 1882, xxxix, 1-21.
Congregate and Segregate Buildings for the Insane. *Alienist and Neurol.*, St. Louis, 1884, v, 33-51.
Present and Prospective Management of the Insane. *J. Nerv. and Ment. Dis.*, Chicago, 1878, v, 60-94.
Congregate and Segregate Buildings for

- the Insane. *Proc. Confer. Char.*, 1883, Madison, Wis., 1884, x, 441-56.
- Provision for Insane Criminals. *J. Nerv. and Ment. Dis.*, Chicago, 1878, n. s., iii, 664-89.
- DICK. Zur Irrenstatistik der bayerischen Pfalz. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1858, xv, 389-405.
- DILLWYN (The) Committee. *J. Psych. M.*, Lond., 1877, n. s., iii, 311-25.
- DIUKOV (P.) Otchet o vremennoi lechenitse dlja umalishennich pri ispravitel'nom zavedenii v S.-Peterburge s. 1. Jan. 1866 po 1 Jan. 1867 g. [Report on the Temporary Hospital for the Insane, connected with the House of Correction in St. Petersburg.] *Med. Vestnik*, St. Petersburg, 1867, vii, 212, 229, 255, 260, 269.
- Discussion à propos du patronage familial dans le traitement de l'aliénation mentale. *Bull. Soc. de méd. de Gand*, 1861, xxviii, 299-333.
- Discussion sur la colonisation des aliénés. *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 683-87.
- Discussion sur les différents modes d'assistance des aliénés. *Ibid.*, 1865 4 s., v, 97 et seq.
- Discussion sur la question des aliénés dits "criminels". *Ibid.*, 1878, 5 s., xx, 94-116.
- Discussion sur les asiles d'aliénés criminels. *Ibid.*, 1882, 6 s., vii, 280 et seq.
- DITTMAR (C.) On the Rhine Province Asylums. *Wchnbl. für Architekten u. Ingenieure*, 1880, 197, 202, 217, 235, 252, 260.
- DIX (Miss D. L.) Memorial to the Legislature of Massachusetts [in behalf of the Pauper Insane and Idiots in Jails and Poor-houses throughout the Commonwealth, Jan., 1843]. 8vo. [Boston, 1843.]
- Memorial to the Honourable the Legislature of the State of New York. 8vo. Albany, 1844.
- Memorial praying a Grant of Land for the Relief and Support of the Indigent Curable and Incurable Insane in the United States. 30th Cong., 1st sess., June 27, 1848. 8vo. [Washington, 1848.]
- Memorial to the General Assembly in behalf of the Insane of Maryland. [Feb. 25, 1852.] 8vo. [Annapolis, 1852.]
- Memorial soliciting an Appropriation for the State Hospital for the Insane, at Lexington; and also urging the necessity for establishing a new Hospital in the Green River country. 8vo. Frankfort, 1846.
- DÖBLING. Die Privatheilanstalt für Gemüths- u. Nervenkrankte zu Ober-Döbling bei Wien seit ihrer Gründung (1819) nebst einem Berichte über ihre Leistungen in der fünfzehnjährige Periode vom 1 Juli 1860 bis 30 Juni 1875. 8o. Wien, 1876.
- DORRAN (in Bohemia) ASYLUM. *Vide L. Klases, Grundriss Forbilder*, 406, fig. 389.
- DONALD (J. S.) Notes on Lunacy in British Guiana. *J. Ment. Sc.*, London, 1876-7, xxii, 76-81.
- DONKERSLOOT (N. B.) Hoe worden onze krankzinnigen behandeld buiten het gesticht? *Schut. d. Gezondh.*, Haarlem, 1858, i, 353-61.
- Over eenige dwaalbegrippen in de private behandeling van krankzinnigen. *Ibid.*, 1861, iv, 21, 40.
- Over het aandeel van den geneesheer in het onder curateele stellen van een krankzinnige. *Psychiat. Bl.*, Dordrecht, 1884, ii, 101-6.
- DORT. Uittreksel van het verslag van den toestand van het Geneeskundig Gesticht voor krankzinnigen te Dordrecht, over het jaar 1873. *Geneesk. Courant*, Tiel, 1874, xxviii, Nos 26-7.
- DOUGLAS (J.) The Beauport Asylum. [Strictures on.] *Canada M. J.*, Montreal, 1866, ii, 87-92.
- DRAPER (J.) Insanity in Great Britain and upon the Continent of Europe; its different phases and mode of treatment compared with those prevailing in the United States. A paper read before the New England Psychological Society, Jan. 17, 1882, and printed by request of the Society. *Alienist and Neurol.*, St. Louis, 1882, iii, 375-411. Also: Reprint.
- DREER (F. de) Statistica dei pazzi del Litorale e della città di Trieste con il suo territorio. *Gazz. med. ital. lomb.*, Milano, 1853, 3 s., iv, 345-47.
- (F. C. de). Rendiconto del manicomio di Trieste per il quinquennio 1863-7. 8o. Trieste, 1869.
- Prospetto medico-statistico del manicomio di Trieste per il triennio 1868-70. 8o. Trieste, 1872.
- DREILING. Technische Beschreibung und Erläuterung der fünf neuen Irrenanstalten. *Prov.-Irren.-Blind.-u. Taubst.-Anst. d. Rheinprov.*, etc., Düsseldorf, 1880, 37-177.
- DRESTE. Ueber Gheel. *Ber. ü d. Versammlung deutsch. Irrenärzte*, Berlin, 1865, 64-7.
- DRIL (D. A.) Projet italiensk. zakona o dushevno-bolnich. [Projected Italian Law as to the Insane.] *Arch. psychiat.*, etc., Charkov, 1885, v, Nos. 2-3, 231-40.
- DROSTE. Ueber Pariser Irrenanstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1851, viii, 448; 1852, ix, 437.
- Die Irren-Heilanstalt des Dr. H. Engelken zu Blockdiek in Rockwinckel bei Bremen. *Deutsche Klinik*, Berlin, 1854, vi, 465-67.
- DUBLIN. Rules for the Government of Bloomfield Retreat, as amended at the Annual General Meeting held the eighth of fifth month, 1865. 12mo. Dublin, 1870.
- DUROIS (Abbé J. A.) Description of the Manners and Customs of the People of India. 2nd ed. 8vo. Madras, 1862.
- [DUCHATEL (T.)] Ordonnance du roi relative aux établissements publics et privés consacrés aux aliénés. *Ann. d'hyg.*, Paris, 1841, xxv, 209-18.
- DUCLOS. Etudes médicales sur quelques établissements d'aliénés de France. 4o. Chambéry, 1846.
- DUFOUR (É.) Quelles sont les causes de l'augmentation toujours croissante de la population des asiles d'aliénés? Y a-t-il lieu d'y remédier, et par quels moyens peut-on y parvenir? *Ann. Soc. de méd. de Gand*, 1870, xlviii, 155-257.
- De l'encombrement des asiles d'aliénés; étude sur l'augmentation toujours crois-

- sante de la population des asiles d'aliénés, ses causes, ses inconvénients, les moyens d'y remédier. 8vo. Paris, 1870.
- DUGDALE. *Monasticon*.
- DULLUNDA (Bengal). Reports on the Asylums for European and Native Insane Patients at Bhowanipore and Dullunda for 1856 and 1857. 8vo. Calcutta, 1858.
- DUMAS (J. B.). Des secours publics en usage chez les anciens. 8°. Paris, 1813.
- DUMESNIL (E.). Une visite médicale à la colonie de Gheel. [Translation, with notes, of an article in the *Scotsman*, signed "Viator".] *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 447-71.
- Des aliénés en Écosse (1859). *Ibid.*, 1861, 3 s., vii, 252, 430.
- DUNGLISON (R. J.). Statistics of Insanity in the United States. *N. Am. M.-Chir. Rev.*, Phila., 1860, iv, 656-92. Also: Reprint.
- DÜREN ASYLUM. Vide *Grundriss Vorbilder*, 405, fig. 386.
- E.
- EARLE (P.). A Glance at Insanity, and the Management of the Insane in the American States. *Proc. Confer. Char.*, Boston, 1879, vi, 42-50. Also: Reprint.
- Institutions for the Insane in Prussia, Austria, and Germany. *Am. J. Insan.*, Utica, New York, 1852-3, ix, 106, etc. Also: Reprint.
- Prospective Provision for the Insane. 8vo. Utica, New York, 1868.
- Description of the Bloomingdale Asylum for the Insane, and the System of Moral Regimen pursued in the Treatment of Patients. *New York J. M.*, 1848, x, 60-8.
- [A Visit to Gheel.] *Am. J. Insan.*, Utica, New York, 1851-2, viii, 67.
- History and Description of the Northampton Lunatic Hospital. *Ibid.*, 1866-7 xxiii, 497-516.
- Historical and Descriptive Account of the Bloomingdale Asylum for the Insane. *Ibid.*, 1845-6, ii, 1-13, 1 pl.
- The Curability of Insanity, as Illustrated by the Records of the Bloomingdale Asylum for the Insane. *Annalist*, New York, 1848, ii, 127, 148.
- A Visit to Asylums for the Insane in Europe; to which are added a Brief Notice of similar Institutions in Transatlantic Countries and in the United States, and an Essay on the Causes, Duration, Termination, and Moral Treatment of Insanity, with copious Statistics. 8vo. New York, 1845.
- The Psychopathic Hospital of the Future: an Address. 8vo. Utica, New York, 1867. Also in: *Am. J. Insan.*, Utica, New York, 1867-8, xxiv, 117.
- Prospective Provision for the Insane. 8vo. Utica, 1868.
- A Visit to thirteen Asylums for the Insane in Europe, with Statistics. *Am. J. M. Sc.*, Phila., 1839-40, xxv, 99-134. Also: Reprint.
- The Lunatic Hospital at Havana. *Am. J. Insan.*, Utica, New York, 1852-3, ix, 12-19.
- Historical Sketch of the Institutions for the Insane in the United States of America. *Tr. New York Acad. M.*, 1857, i, 9-30.
- EASTWOOD (J. W.). On Private Asylums for the Insane. *J. Ment. Sc.*, Lond., 1863-4, ix, 319.
- EATON (D. B.). Despotism in Lunatic Asylums. *N. Am. Rev.*, New York, 1881, cxxxii, 263-75.
- EDDY (T.). Hints for Introducing an Improved Mode of treating the Insane in the Asylum. 12mo. New York, 1815.
- EDINBURGH. Address to the Public, respecting the Establishment of a Lunatic Asylum at Edinburgh. 4to. Edinburgh, 1807.
- Copy of His Majesty's Warrant erecting the Contributors to the Edinburgh Lunatic Asylum into a Body Corporate. 4to. [Edinburgh, 1807.]
- Memorial for the Managers. 8vo. Morningside. [1848.]
- Some Account of the Plan for establishing a Lunatic Asylum at Edinburgh. 4to. [Edinburgh, 1807.]
- Some Account of the Rise, Progress, and present State of the Lunatic Asylum at Edinburgh, with some Remarks on the general treatment of Lunatics, pointing out the advantages of avoiding all severity. 8vo. Edinburgh, 1812.
- EGUIA (O.). Nota del médico del hospicio de mujeres dementes á la Sociedad de Beneficencia remitiendo la estadística de dicho establecimiento, correspondiente al año 1877. *Rev. méd.-quir.*, Buenos Aires, 1877-8, xiv, 479-82.
- Los manicomios en Buenos Aires. *Ibid.*, 1879-80, xvi, 383-87.
- EHRTH. Die Colonie Reckwitz bei Hubertusburg. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1869, xvi, 476-78.
- ELLINGER (H.). Nachrichten über St. Pirminsberg, Schweiz. *Ztschr. f. Med., Chir. u. Geburtsh.*, Zürich, 1851, 41; 1854, 147.
- St. Gallische Heil- u. Pflege-Anstalt, auf St. Pirminsberg. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1857, xiv, 440-43.
- Auch ein Wort über die Verbindung der Irren- Heil- und Pflegeanstalten. *Ibid.*, 1844, i, 607-15.
- ELLIOT (Sir H. M.). The History of India. 8 vols. 8vo. London, 1867-77.
- ELLIS (W. C.). A Letter to Thomas Thompson, Esq., M.P., containing Considerations on the Necessity of proper Places being provided by the Legislature for the reception of all Insane Persons, and on some of the Abuses which have been found to exist in Madhouses, with a Plan to remedy them. 8vo. Hull, 1815.
- ELPHINSTONE (Hon. Mountstuart). The History of India. 5th ed. 8vo. London, 1866.
- ENGELKEN (H.). Nachrichten über die Privatanstalt für Gemüthsranke zu Rockwinckel im Gebiete der freien Hansestadt Bremen, nebst Bemerkungen über die Behandlung der dasigen Irren. *Ztschr. f. d. Anthropol.*, Leipzig, 1824, 364-70.
- ENGLAND. Condition of Lunacy in England. *J. Psych. M.*, Lond., 1875, n. s., i, 182-89.
- Kenntniß (Zur) des Zustandes der en-

- glischen Irrenanstalten. *Mag. d. ansl. Lit. d. ges. Heilk., etc.*, Hamburg, 1828, xvi, 1-9.
- English Lunacy Laws. *Am. J. Insan.*, Utica, New York, 1879-80, xxxvi, 294-327.
- ERHARDT (C.) Die Irrenheil- u. Pflegeanstalt Illenau. *Ann. d. Staatsarznh.*, Freib.-i.-B., 1845, x, 615-28.
- Die Siechen-Anstalt zu Pforzheim. *Ibid.*, 629-38.
- ERLANGEN. Die Kreis-Irrenanstalt zu Erlangen. *Med. Cor.-Bl. bayer. Aerzte*, Erlang., 1846, vii, 465, 481.
- ERLENMEYER (A.) Irrenstatistik des Fürstenthums Waldeck. 8°. Neuwied, 1862.
- Die zweite Irrenanstalt im Königreich Hannover. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1858, v, 177-79.
- Ein Besuch in der Irrencolonie Einum. *Ibid.*, 1865, xii, 321, 353.
- Ein Besuch in der Grossherz. Hess. Irrenheilanstalt Heppenheim an der Bergstrasse. *Ibid.*, 1868, xv, 161-69.
- Das Irrenwesen in Holland. *Med. Ztg.*, Berlin, 1854, xxiii, 69, 73.
- Die Colonisation der Irren. *Arch. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1869, xvi, 97, 193, 289. Also: Reprint.
- Das Asyl mit seinen beiden Gartenbau-Colonien für Gemüths- und Nervenkrankte zu Bendorf bei Coblenz. 8°. Neuwied, 1867.
- Die Irrenstatistik des Grossherzogthums Hessen. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1855, ii, 57-62.
- Übersicht der Irrenanstalten Deutschlands, der Schweiz, und der Niederlande. *Ibid.*, 1859, vi, 225-50.
- Die Irrenanstalten Europas. [A full list.] *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1863, vi, 1-145.
- ERLER. Statist. Bericht über die kurmärk. Land-Irrenanstalt zu Neustadt-Eberswalde von 1865-76. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1877, xxxiv, 575-601.
- ESCHENBURG (B. G.) Die Irrenstatistik des Lübeckischen Staates. 8°. Lübeck, 1855. Repr. from *Neue Lübeckische Blätter*, 1855, No. 42.
- ESQUIROL. Maisons d'aliénés. *Dict. d. sc. méd.*, Paris, 1818, xxx, 47-95.
- Notice sur le village de Gheel. *Rev. méd. franç. et étrang.*, Paris, 1822, vii, 137-54.
- Des établissements des aliénés en France et des moyens d'améliorer le sort de ces infortunés; mémoire, 8°. Paris, 1819.
- Rapport statistique sur la Maison royale de Charenton pendant les années 1826, 1827, et 1828. *Ann. d'hyg.*, Paris, 1829, i, 101.
- Mémoire historique et statistique sur la Maison royale de Charenton. *Ibid.*, 1835, xiii, 5-192.
- Translated by E. K. Hunt. Mental Maladies: a Treatise on Insanity. 8vo. Phila., 1845.
- Remarques sur la statistique générale des aliénés, et sur le rapport du nombre des aliénés à la population; analyse de la statistique des aliénés de la Norvège. *Ann. d'hyg.*, Paris, 1830, iv, 332.
- ÉTOC-DEMAZY (G. F.) Note sur la statistique médicale de l'asile des aliénés du département de la Sarthe. 8°. Le Mans, 1839.
- EULENBERG. Die Privat-Irren-Pflege-Anstalt Lindenburg bei Köln. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1861, viii, 66-72.
- Ueber die Thätigkeit der öffentlichen und Privat-Irren-Anstalten des Regierungsbezirks. Köln in den Jahren 1858-66. *Ibid.*, 1862, ix, 37, etc.
- Jahresbericht über die Irren-Aufbewahrungsanstalt zu St. Thomas vom Jahre 1858. *Ibid.*, 1859, vi, 209.
- Statistik der bayerischen Kreisirren-Anstalten. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1870, xvii, 475-515.
- EVANS (G. H.) The Relation of Insanity to Modern Society. *Cincin. Lancet and Clin.*, 1882, n. s., viii, 216-21.
- (C.) Account of the Asylum for the Relief of Persons deprived of the use of their Reason, near Frankford, Penn. *Am. J. M. Sc.*, Phila., 1839, xxiv, 13-24. Also: Reprint.
- EVERETT (W. S.) Sources of Error in the common Method of giving Certificates of Insanity. *Boston M. and S. J.*, 1871, viii, 393.
- EVERTS (B. H.) and VON LEEUWEN (D.-H.) Mededeelingen en beschouwingen over het krankzinnigen-wezen in Engeland. *Nederl. Lancet*, Gravenh., 1852-3, 3 s., ii, 117.
- (O.) The American System of Public Provision for the Insane, and Despotism in Lunatic Asylums. *Am. J. Insan.*, Utica, New York, 1881-82, xxxviii, 113.
- EVRAT. Etudes sur la reconstruction projetée de l'asile public des aliénés de l'Isère situé à Saint-Robert, près de Grenoble. *Ann. méd.-psych.*, Paris, 1852, iv, 15; 1853, v, 177.
- EXPOSITION (An) of the Law relating to Chancery Lunatics. *J. Psych. M.*, Lond., 1859, ix, 111-25.

F.

- FABER [et al.] Vortrag über die Bedürfnisse des Irrenwesens in Württemberg. *Med. Cor.-Bl. d. würtemb. ärztl. Ver.*, Stuttg., 1863, xxxiii, 265-70.
- FALCO. Mittheilungen aus den Generalberichten über die holländischen Irrenanstalten. *Aerztl. Int.-Bl.*, München, 1862, ix, 93, 194.
- FAIRET (H. L.) De la construction et de l'organisation des établissements d'aliénés. 4°. Paris, 1852.
- [La colonie d'aliénés de Gheel. Rapport fait au nom d'une commission nommée par la société médico-psychologique.] *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 138-70. Also: Reprint. Also, transl. Abstr.: *J. Ment. Sc.*, Lond., 1852-3, viii, 102-18.
- (J.) Société médico-psychologique; discussion sur les aliénés dangereux. *Ann. méd.-psych.*, Paris, 1860, 5 s., i, 86, etc.
- (J.-P.) Visite à l'établissement d'aliénés d'Illenau, et considérations générales sur les asiles d'aliénés. *Ann. méd.-psych.*, Paris, 1845, v, 419; vi, 59, 2 pl. Also: Reprint.

- Observations sur le projet de loi relatif aux aliénés. *Gaz. méd. de Paris*, 1837, 2 s., v., 145, 177, 193.
- FALRET (J.-P.-J.) [Notice sur les asiles d'aliénés de la Hollande.] *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 312-20. Also: Reprint.
- Des divers modes de l'assistance publique applicables aux aliénés. *Ann. méd.-psych.*, Paris, 1865, 4 s., v., 248-76. Also: Reprint.
- Les mesures proposées pour la surveillance et la protection des aliénés traités en dehors des établissements spéciaux publics et privés. *Encéphale*, Paris, 1884, iv, 624, 728. [Discussion.] *Ann. méd.-psych.*, Paris, 1884, 6 s., xi, 458, etc.
- Familiar Views of Lunacy and Lunatic Life; with hints on the personal care and management of those who are afflicted with temporary or permanent derangement. By the late Medical Superintendent of an Asylum for the Insane. 12mo. Lond., 1850.
- FARR (W.) Statistics of Insanity: County Lunatic Asylums. *Brit. Ann. Med., Pharm.*, etc., Lond., 1837, i, 648 et seq.
- Report upon the Mortality of Lunatics. *J. Statist. Soc.*, Lond., 1841, iv, 17-33. Also: *Lancet*, Lond., 1840-41, ii, 251, 302, 332.
- FERGER (G.) Die neue Irrenanstalt für Oberbayern bei München. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1857, iv, 73.
- FERRUS (G.-M.-A.) Des aliénés. Considérations: 1°, sur l'état des maisons, qui leur sont destinées, tant en France qu'en Angleterre; sur la nécessité de créer de nouvelles en France et sur le mode de constructions à préférer pour ces maisons; 2°, sur le régime hygiénique et morale, auquel ces malades doivent être soumis; 3°, sur quelques questions de médecine légale ou de législation relatives à leur état civil. 8°. Paris, 1834.
- FETSCHERIN (R. F.) Bericht an die Direction des Innern des Kantons Bern über die Zahlung und Statistik der Geisteskranken und Idioten im Kanton Bern vom Jahre 1871. 8°. [Bern, 1872.]
- Few (A) Observations on the Bill now in Progress through Parliament to regulate the Care and Treatment of Insane Persons. 8vo. London, 1828.
- FINKELNBURG. Von den Anzeigen und Gegenanzeigen der Aufnahme Gemüthskranker in geschlossene Anstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1869, xxvi, 331-37.
- First (The) Annual Report on Madhouses made in the year 1816. . . Made by a Select Committee appointed by the House of Commons, to inquire and consider of provision being made for the better regulation of public and private madhouses in England. 8vo. London, 1816.
- FISCHER (J.) Prag's k. k. Irrenanstalt und ihr Wirken seit ihrem Entstehen bis incl. 1850. Roy. 8vo. Erlangen, 1853.
- Die Colonie der Prager Landesirrenanstalt. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1872, xviii, 169-77.
- Ueber die Bedingungen zur Aufnahme der Geisteskranken in die Landesirrenanstalt. *Aerztl. Cor.-Bl. f. Böhmen*, Prag, 1873, i, 101-3.
- FISCHER. Ueber Polsterzellen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, xl, 283.
- Zur Geschichte der Gr. Heil- und Pflegeanstalt Pforzheim vom J. 1803 bis jetzt. *Ibid.*, 1877, xxxiv, 353-66.
- Einige Worte über das Irrenwesen in den Hohenzollernschen Landen. *Ibid.*, 1856, xiii, 635-40.
- Die Anstalt in Pforzheim bis zum Jahre 1804. Ein Beitrag zur Geschichte der deutschen Psychiatrie in den früheren Jahrhunderten. *Ibid.*, 1877, xxxiii, 745-69.
- Zur Erörterung der Frage ob eine Landesanstalt für irre Verbrecher erforderlich sei oder nicht. *Aerztl. Int.-Bl.*, München, 1863, xiii, 39.
- (T. W.) The Commitment and Certification of the Insane. *Boston M. and S. J.*, 1880, cii, 578-82.
- FLAMM. Studie über Irren-Colonien. *Jahrb. f. Psychiat.*, Wien, 1881, iii, 120.
- FLECHSIG (P.) Die Irrenklinik der Universität Leipzig, und ihre Wirksamkeit in den Jahren 1882-86. 4°. Leipzig, 1888.
- FLEMMING (C. F.) Ueber Nothwendigkeit, Nutzen und Benutzung der Irrenheilanstalten. *Ztschr. f. d. . . krankh. Seelenzust.*, Berlin, 1838, i, 702-16.
- E. Toller's Plan eines Cottage-Asyl. *Allg. Ztschr. f. Psych.*, etc., Berlin, 1865, xxii, 43-9.
- Die jütlandsche Irrenheilanstalt bei Aarhus. *Ibid.*, 1854, xi, 242-62.
- Vorfragen in Betreff der Irrengesetzgebung. *Ibid.*, 1850, vii, 549-68.
- und JACOB (M.) Ueber die Errichtung einer Irrenanstalt im Grossherzogthum Baden. *Ztschr. f. d. . . krankh. Seelenzustand.*, Berlin, 1838, i, 717-42.
- (G. R.) Ueber das sachliche Verhältniss der Genesung zu den Krankheiten mit Irresein. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1858, xv, 4-14.
- Irren-Anstalten und Irren-Colonien. *Ibid.*, 1861, xviii, 665. Also [Abstr.]: *Ber. ii. d. Versammlung deutsch. Irrenärzte* 1861, Berlin, 1862, 26-30.
- Die Einführung der Geisteskranken in die Irrenanstalten. *Irrefreund*, Heilbr., 1878, xx, 17-22.
- FLIPPINI-FANTONI (A.) Rendiconto statistico-clinico della gerenza sanitaria avvenuta nel morocomio d'Astino durante l'anno 1845. *Ann. univ. di med.*, Milano, 1848, cxv, 17-52.
- FOCKE (D. A.) Deutsches Irrenwesen und Unwesen. Ein Briefwechsel für viele Adressen. 1, Die Unheilbaren, und die Verstorbenen. 8°. Neuwied u. Leipzig, 1870.
- FOLLET. Rapport sur la mortalité de l'asile départemental des aliénés de Quimper pendant l'année 1847. *Ann. méd.-psych.*, Paris, 1848, xii, 68-86.
- FOLSOM (C. F.) Disease of the Mind. *Rep. Bd. Health Mass.*, Boston, 1877, viii, 325-433, 4 pl.
- The Relation of the State to the Insane. *Tr. Ann. M. Ass.*, Phila., 1881, xxxii, 311-

20. Also: *Boston M. and S. J.*, 1881, cv, 98-102.
- The Management of the Insane. *Ibid.*, 266-71.
- FOOTE (G. F.) Homœopathie Insane Asylum. [Argument in favour of.] 8vo. [New York, 1869.]
- (R. F. F.) The Condition of the Insane and the Treatment of Nervous Diseases in Turkey. *J. Ment. Sc.*, Lond., 1857-8, iv, 444-50. Also: *Ibid.*, 1859-60, vi, 239-46.
- FORD (R.) A Handbook for Travellers in Spain. 8vo. London, 1878.
- FORNASINI (L.) Dei pazzi e dei condannati, dei manicomj e delle prigioni. *Ann. Univ. di med.*, Milano, 1848, cxxvi, 84.
- Förslag til angående sinnssjuka. [Suggestions as to Insane Asylums.] *Hygiea*, Stockholm, 1879, xli, 433-52.
- FOSTER (G. W.) Asylum Needs. *Tr. Maine M. Ass.*, Portland, 1880, vii, pt. 1, 120-31.
- FOUGÈRES. L'asile d'aliénés de Naugeat (Haute-Vienne). *Ann. méd.-psych.*, Paris, 1867, 4 s., ix, 246-73, 1 ch.
- FOVILLE (A.) La législation relative aux aliénés en Angleterre et en Écosse. Rapport des missions remplies en 1881 et 1883. Roy. 8vo. Paris, 1885.
- Étude comparative sur les législations étrangères en ce qui concerne les aliénés traités à domicile. *Ann. méd.-psych.*, Paris, 1884, 6 s., xi, 68-82. Also [Abstr.]: *Bull. Acad. de méd.*, Paris, 1883, 2 s., xii, 1444.
- Considérations générales sur les asiles d'aliénés de l'Angleterre et de l'Écosse. [Extr.] *Encéphale*, Paris, 1885, v, 1-21.
- Les aliénés en Angleterre et en Écosse. [Abstr.]: *Rev. d. étab. de bienfaisance* [etc.], Paris, 1885, 65-70.
- (A. fils.) Les aliénés; étude pratique sur la législation et l'assistance qui leur sont applicables. 89. Paris, 1870.
- De la législation spéciale aux aliénés et des améliorations qu'il serait possible d'apporter à la loi du 30 juin 1838. *Ann. d'hyg.*, Paris, 1870, 2 s., xxxiii, 129, etc.
- Les aliénés devant l'Assemblée nationale. *Gaz. heb. de méd.*, Paris, 1872, 2 s., ix, 721, 769.
- Sketch of the French Legislation relative to the Insane. *J. Ment. Sc.*, Lond., 1882, n. s., xxviii, 155, 356.
- Les aliénés aux États-Unis; législation et assistance. *Ann. d'hyg.*, Paris, 1873, 2 s., xxxix, 135, etc. Also: Reprint. Also, *Rev.*: *Brit. and For. Med.-Chir. Rev.*, London, 1876, lviii, 54-85.
- FOX (F.) and FOX (C.) Report respecting the Past and Present State of Brislington House, near Bristol, Somerset County, a Private Asylum for the Insane. 8vo. Bristol [1865?]
- FRANCE. Loi sur les établissements d'aliénés en France. *Ann. d'hyg.*, Paris, 1839, xxii, 215-26.
- Table of Statistics of French Lunatic Asylums for the year ending June 30, 1856. By M. Alexandre Vattemare. *Am. J. Insan.*, Utica, New York, 1858-9, xv, 194-99.
- Département de l'intérieur. Statistique de la France. 2 s., v, 3, 2 pt.
- Statistique des établissements d'aliénés de 1842 à 1853 inclusivement. 49. Strasbourg, 1857.
- Département de la Seine-Inférieure. Rapport sur la visite des asiles d'aliénés de la Grande-Bretagne, présenté à M. Ernest Leroy, préfet de la Seine-Inférieure. Extrait. L. Deboutteville et Mérielle. 89. Rouen, 1853.
- FRANCKE. Bemerkungen zur Schrift des Herrn. Prof. Dr. P. Jessen über das Asyl Hornheim. 89. Kiel, 1862.
- FRÄNKEL. Statistisches über den Einfluss der Beköstigung und der Paralyse auf die Sterblichkeit der Irren. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1879, xxxvi, 1. Also: Reprint.
- (M. O.) Ueber progence Schadel-formen bei Geisteskranken. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1879, xxxvi, 279-302. Also: Reprint.
- (R.) Skizzen über einige Irrenanstalten zu Paris. *Verhandl. d. k. k. Gesellsch. d. Aerzte zu Wien*, 1843, ii, 117-21.
- FRANKFORT-ON-THE-MAIN ASYLUM. Vide *Grundriss Vorbilder*, p. 390, fig. 362. Also: *Allg. Bauzeitung*, 1863, 237; and *Bl.* 593-605.
- FRANQUE (von). Dritter Bericht der Commission für Geisteskranken in Schottland. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1862, ix, 42.
- Die Geisteskranken in Russland. *Ibid.*, 1859, vi, 195-97.
- Statistische Mittheilungen aus Frankreich. *Ibid.*, 1868, xv, 1-7.
- Die Verhältnisse der Geisteskranken in Schottland nach dem "Report of the Royal Lunacy Commission for Scotland" und eigenen Beobachtungen. *Ibid.*, 1859, vi, 81-95.
- Die öffentlichen Irrenanstalten Schottlands. *Ibid.*, 289-96.
- Berichte aus amerikanischen Irrenanstalten. *Ibid.*, 1867, xiv, 73, etc.
- Stat. Zusammenst. d. Geisteskranken und epilept. im Herzogth. zu Ende des Jahres 1856. *Med. Jahrb. f. d. Herzogth. Nassau*, Wiesb., 1859, 599-648.
- Verhältnisse der Geisteskr. in Constantinopel. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1860, vii, 225.
- Zahl der Geisteskranken und Idioten in Nord-Amerika . . . [1860.] *Ibid.*, 1864, xi, 170.
- FRASER (D.) Spanish Asylums. *J. Ment. Sc.*, Lond., 1879-80, n. s., xxv, 347-58.
- (J.) A Scotch Insane Asylum. *Boston M. and S. J.*, 1875, xciii, 201. Also: Reprint.
- FREMONT. Report on the Past and Present Condition of the Insane in Canada, East. *Brit. Am. M. and Phys. J.*, Montreal, 1850-51, vi, 307-12. Also: *Am. J. Insan.*, Utica, New York, 1850-1, vii, 34.
- FRIEDLÄNDER (M.) Plan zu einem Irrenhause. *Allg. med. Ann.*, Leipzig, 1822, xix, 289-68.
- FRY (D. P.) Lunacy Laws; containing the Statutes relating to Private Lunatics, Pauper Lunatics, Criminal Lunatics, Commissions of Lunacy, Public and Private Asylums,

- and the Commissioners in Lunacy; with an Introductory Commentary, Notes to the Statutes, etc. 3 ed. [Édité by G. F. Chambers.] London, 1890.
- FUCHS. Medicinische Statistik der Irrenhauser und des Irreseyns. *Mag. f. phil., med. u. gerichtl. Seelenk.*, Würzb., 1833, x, 45-132.
- FUNAIOLI (P.). Una visita ai manicomii della Svizzera e della Francia. 8°. Siena, 1877.
- FUNKS und RASCH. Pläne der neuen Irrenanstalten zu Göttingen und Osnabrück. Im Auftrage des königlichen Ministeriums des Innern, entworfen, erläutert und begründet. Fgl. Hannover, 1832.
- FUSIER (F.). Études médicales faites dans les asiles d'aliénés les mieux organisés de France, d'Allemagne et de Suisse; sur les dispositions d'intérieur d'un asile d'aliénés. Roy. 8vo. Chambéry, 1855. See also *infra*, Guillaud fils.
- Compte-rendu médical de 1862, sur l'asile départemental de Bassens (près Chambéry). Roy. 8vo. Chambéry, 1863.
- G.
- GAD (C. A.). Sanct Hans Hospital og Claudi Rossetts Stiftelse et Mindeskript, udgivet 1866 ved Kjøbenhavns Magistrats Foranstaltning til Erinding af Stiftelsens Bestaaen i 100 Aar og Hospitalets Virksomhed som Sindssyge anstalt paa Bistrupgaard i 50 Aar. 4°. Kjøbenhavn [1866].
- GALT (J. M.). Essays on Asylums for Persons of Unsound Mind. 8vo. Richmond, 1850. Second series. 8vo. Richmond, 1853.
- On Asylums for the Insane. *Stethoscope and Virginia M. Gaz.*, Richmond, 1851, i, 109-4.
- On the Propriety of admitting the Insane of the two Sexes into the same Lunatic Asylum. *Am. J. Insan.*, Utica, New York, 1854-5, xi, 224-30.
- Report on the Organisation of Asylums for the Insane. *Ibid.*, 1850-51, vii, 45-53. [See also *supra*.]
- Insanity in Italy. *Ibid.*, 1854-5, xi, 57, 169. Also: Reprint.
- GAPEN (C.). Some Exceptions to the present Management of Hospitals for the Insane. *J. Nerv. and Ment. Dis.*, Chicago, 1879, n. s., iv, 441-49.
- GARIN (J.). Etat actuel du service des aliénés de l'Antiquaille. *Gaz. méd. de Lyon*, 1852, iv, 161-68.
- GARZONI (T.). L'hospitale de' pazzi incurabili, contro capitolì in fine sopra la pazzia. 8°. Venezia, 1594.
- The same. Nuovamente ristampato, e con somma diligenza ricorretto. 4°. Venezia, 1617.
- GASKELL (S.). A Plan for establishing and regulating Houses for the Reception of Patients convalescent from, or afflicted with, Incipient Symptoms of Insanity. *Tr. Nat. Ass. Promot. Soc. Sc.*, 1860. Lond., 1861, 691.
- On the Want of better Provision for the Labouring and Middle Classes when attacked or threatened with Insanity. 8vo. [n. p., n. d.]
- On the Want of better Provision for the Labouring and Middle Classes when attacked or threatened with Insanity. *Tr. Nat. Ass. Promot. Soc. Sc.*, 1859, Lond., 1860, 601-5. Also: *J. Ment. Sc.*, Lond., 1859-60, vi, 321-27.
- GASTON (W.). Argument in Relation to the New Lunatic Hospital at Danvers. [In behalf of the Commissioners of Election. . .] 8vo. Boston, 1877.
- GAUGER (C. L.). Kurze statist. Notizen über die in der Gouvernements-Regierung zu St. Petersburg in einem Zeitraume von 19 Jahren geprüften Geistes- und Gemüths-kranken. *Med. Ztg. Russlands*, St. Petersburg, 1860, xvii, 169.
- GAUNE (J.). Création d'un asile d'aliénés dans le Var. 8°. Toulon, 1882.
- GAUSTER (M.). Beitrag zur Irrenstatistik Kranis. *Deutsch. Ztschr. f. d. Staatsarznk.*, Erlangen, 1866, n. F., xxiv, 229-81, 6 tab.
- Ueber die freie Behandlung der Geistes-kranken und über die Möglichkeit ihrer häuslichen Pflege. *Oesterr. arztl. Vereins-ztg.*, Wien, 1879, iii, 12.
- Zur Irrenstatistik Niederösterreichs für 1871. *Psychiat. Centralbl.*, Wien, 1874, iv, 158, 185.
- Zur Irrenstatistik Oesterreichs. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1875, xxxii, 400-7.
- GEHEWE (W.). Reisebericht durch Irrenanstalten Deutschlands und der Schweiz in den Jahren 1869 und 1870. *Allg. Zeitschr. f. Psychiat.*, etc., Berlin, 1871-2, xxviii, 34-118.
- Ueber die Colonisation der Irren, als Abhülfe der Ueberfüllung der Irrenanstalten. *St. Petersb. Med. Ztschr.*, 1868, xv, 368-70.
- GENEVA. Loi sur le placement et la surveillance des aliénés, à Genève. *Ann. d'hyg.*, Paris, 1839, xxii, 226-31.
- GERMANY. Zusammenstellung der Irrenanstalten Deutschlands im Jahre 1861. 8°. Berlin, 1862.
- Documents statistiques sur divers asiles d'aliénés d'Allemagne. *Gaz. d'hôp.*, Paris, 1847, 2 s., ix, 471.
- Gesetze und Verordnungen in Deutschland betreffs der Geisteskranken. 8°. Berlin, 1862. Supplitt to: *Allg. Ztschr. f. Psych.*, etc., Berlin, 1862, xix.
- Irrengesetzgebung (Ueber die.) *Bl. f. gericht. Anthropol.*, Erlang., 1852, iii, 1 Hft., 35-7.
- Reglement für die Landirrenanstalten des Provinzialverbandes von Brandenburg, beschlossen am 13 Mai 1879, bestätigt am 16 Juni 1879. *Med.-Gesetzgeb.*, Berlin, 1879, v, 169-73.
- GHEEL. Med. Aehrenlese Osnabrück, 1856, i, 151-60.
- in the North. *Brit. and For. M.-Chir. Rev.*, Lond., 1871, xlvii, 33-50.
- Organisation und Ausführungsweise des Sanitätsdienstes in Gheel unter der Direction des Dr. Bulckens. *Med. Aehrenlese*, Osnabrück, 1861, vi, 305-20.
- Paradies (Das) des Wahnsinnigen. *Ibid.*, 1860, 161-76.
- Règlement d'ordre intérieur de l'établisse-

- ment d'aliénés à Gheel. . . . 8°. Gand, 1855.
- Établissement d'aliénés de Gheel [Forms for admission, transfer, discharge, etc., of the], v. s. [n. p., n. d.]
- GHEENT. Nouvel établissement d'aliénés à Gand. *Bull. Soc. de méd. de Gand*, 1851, xviii, 398-415.
- Nouvel établissement des hommes aliénés. Règlement d'organisation. [Par Joseph Guislain, rapporteur.] 8°. Gand, 1850.
- GIBBONS (H.) Insanity and Disease in California; prevalence of Insanity in California; Causes. *Pacific M. and S. J.*, San Francisco, 1871-2, v, 496.
- GILFORTI (F.) Sull' ammissione degli alienati e gli asili di osservazione. *Arch. ital. per le mal. nerv.*, Milano, 1878, xv, 23-35.
- GINÉ Y PARGAGAS (J.) Ensayo médico-administrativo sobre el ingreso estancia y salida de los enfermos de la mente de los manicomios públicos y privados. *Rev. d. Cien. méd.*, Barcel., 1883, ix, 611, etc.
- GIRARD (H.) De l'organisation et de l'administration des établissements d'aliénés. *Ann. méd.-psych.*, Paris, 1843, ii, 230-60.
- Note relative aux principales conditions que doivent offrir les lieux d'aisances dans les asiles d'aliénés. *Ibid.*, 1845, vi, 107-10.
- Note relative à la quantité d'eau nécessaire à un asile d'aliénés contenant 350 malades. *Ibid.*, 283-86.
- De la construction et de la direction des asiles d'aliénés. *Ann. d'hyg.*, Paris, 1848, xi, 5, 243, 1 pl.
- Des gâteaux dans les asiles d'aliénés. *Ann. méd.-psych.*, Paris, 1853, 2 s., v, 592-616.
- Du prix de journée des aliénés indigents dans les asiles et de la manière dont on doit l'établir. *Ibid.*, 1885, 3 s., i, 442-47.
- Des divers modes de chauffage et de ventilation, et de la manière dont ils doivent être employés dans les asiles d'aliénés. *Ibid.*, 1856, 3 s., ii, 505-19.
- Considérations sur le programme et le plan du Dr. Bottex, pour l'asile d'aliénés du Rhône. *Ibid.*, 1847, x, 69-95.
- GIRARD DE CAILLEUX (H.) Département de l'Yonne. Compte administratif, statistique et moral sur le service des aliénés, pour l'exercice 1845, et propositions de budget pour 1847. 8°. Auxerre, 1846.
- Fonctionnement médical et administratif du service des aliénés de la Seine pendant sa période d'installation. Suivi du rapport de M. F. Barrot, et d'une note sur l'asile d'aliénés de Marsens. 4°. Paris, 1878.
- Considérations générales sur l'ensemble du service des aliénés du département de la Seine. . . . *Gaz. hebdom. de méd.*, Paris, 1861, viii, 161, 193. Also: *Ann. méd.-psych.*, Paris, 1861, 3 s., vii, 267-84.
- De l'influence des translations des aliénés chroniques de la Seine, dans les divers climats de France. . . . *Bull. Acad. de méd.*, Paris, 1861-2, xxvii, 700-18.
- De la possibilité de couvrir la subvention départementale dans les asiles départementaux au moyen d'un excédant équivalent de recettes. *Ann. méd.-psych.*, Paris, 1854, vi, 582-96.
- Rapport sur les aliénés de la Seine traités dans les asiles de Bicêtre et de la Salpêtrière. *Gaz. hebdom. de méd.*, Paris, 1861, viii, 537, 553.
- GIRARD DE CLAUBRY (H.) Spécimen du budget d'un asile d'aliénés et possibilité de couvrir la subvention départementale, dans un asile départementale au moyen d'un excédant équivalent des recettes. 4°. Paris, 1855.
- GIRARDO (H.) Asile public d'aliénés d'Auxerre. *Ann. méd.-psych.*, Paris, 1846, vii, 268, 1 pl.; 1847, ix, 85, etc.
- Du quartier cellulaire dans les asiles, et particulièrement de celui construit dans l'asile d'Auxerre. *Ibid.*, 1853, 2 s., v, 396-403.
- GIRAUD (J.) Considérations statistiques sur les aliénés de la Meurthe traités à Maréville en 1886. *Compt. rend. Soc. de méd. de Nancy* (1867-8), 1869, 42-53.
- L'asile public d'aliénés de Maréville, en 1877-9. *Rev. méd. de l'est*, Nancy, 1878, x, 257, etc.
- L'asile de Maréville, son état sanitaire et son régime alimentaire. *Ibid.*, 1880, xii, 321, 353. Also: *Mém. Soc. de méd. de Nancy*, 1880, 94-113.
- GIROLAMI (G.) Sopra alcuni quesiti riferentisi agli alienati, promossi al ministero dell'interno dalla deputazione provinciale di Ravenna, e riposta relativa del sign. ministro. *Arch. ital. per le mal. nerv.*, Milano, 1866, iii, 142, 293.
- Programma per la costruzione di un nuovo manicomio in Pesaro. *Gazz. med. ital. lomb.*, Milano, 1863, 5 s., ii, 37-42.
- Intorno ad un viaggio scientifico ai manicomj delle principali nazioni di Europa. 8°. Pisaro, 1854.
- GIROLAMI. Die Irrenanstalten Italiens. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1861, viii, 100-10.
- GLATTER. Zur Irrenstatistik in Frankreich. *Vierteljahrs. f. Psychiat.*, Neuwied u. Leipzig, 1868, ii, 276-85.
- GMÜND. Rechenschafts-Bericht der Heilanstalt St. Vincenz in Schwab-Gmünd in ihren ersten 10 Jahren. Von Dr. Schnabel. 12°. Ellwangen, 1874.
- GODDING (Doctor). On Progress in Provision for the Insane for the past forty years in America. [Edit.] *Am. J. Insan.*, Utica, New York, 1884-5, xli, 217-48.
- (W. W.) Our Insane Neighbour; his Rights and Ours; Rights in the Community. *Am. Psych. J.*, Phila., 1883-4, i, 364, etc.
- A Vindication of History, by the author of "Two Hard Cases". *Alienist and Neurol.*, St. Louis, 1885, vi, 67-83.
- GOFFIN (A.) Un mot sur le régime des aliénés à propos, de la fermeture de l'établissement d'Évèrè. 8°. Bruxelles, 1872.
- GOMES (B. A.) A alienação e o seu tratamento na Turquia. *J. Soc. d. sc. med. de Lisboa*, 1870, 2 s., xxxiv, 146-52.
- GONZALES (E.) Relazione sul manicomio provinciale di Pavia in Voghera. *Atti. d. Cong. d. soc. freniat. ital.*, Milano, 1883, iv, 473-75.

- GÖPPINGEN. Bericht über fünfzehnjährigen Bestand und die Leistungen der Privatanstalt der Christophsbad in Goppingen erstattet vom der zeitigen zweiten arzte Dr. Laudenberger. 8°. Stuttgart, 1866.
- Bericht über deren 25 jährigen Bestand und Wirksamkeit erstattet unter Mitwirkung des Dr. Kottenkamp und Richard Lauderer und Dr. N. Lutz. 8°. Stuttgart, 1878.
- Zweiter Bericht über deren Bestand und Wirksamkeit in den Jahren 1877 bis 1882 erstattet von Gustav Lauderer und X. Lutz. 8°. Stuttgart, 1883.
- GÖRGEN (B.) Privat-Heilanstalt für Gemüthskranke in Wien eröffnet. 12°. Wien, 1820.
- GÖRLITZ. Heil u. Pflgeanstalt für Nerven u. Gemüthskranke zu Görlitz. Prospectus. 8°. [Görlitz, 1874.]
- GOSSELET. Mouvement des aliénés dans l'asile de Lommelet. *Bull. méd. du nord*, Lille, 1846, 84-90.
- GOULDEN (P. H.) De la mortalité chez les aliénés et des affections incidentes dans l'aliénation mentale. 4°. Strasbourg, 1857.
- GOVSEV (A. A.) Niderland-zakoni o du-shveynobolnich. [Laws in the Netherlands regarding the Insane.] *Arch. psychiat.*, etc., Charkov, 1885, v. No. 2-3, 241-45.
- GRAFENBERG ASYLUM. *Vide* L. Klasen, *Grundriss Vorbilder*, p. 405, fig. 385.
- GRANVILLE (J. M.) The Care and Cure of the Insane; being the Reports of the *Lancet* Commission on Lunatic Asylums, 1875-7, for Middlesex, the City of London, and Surrey. (Republished by permission) with a digest of the principal records extant and a statistical review of the work of each asylum from the date of its opening to the end of 1875. 2 vol. 8vo. London, 1877.
- GRAY (J. P.) Laws governing Insanity in England and those of New York. *West. Lancet*, San Francisco, 1878-9, vii, 255. Also: *Am. J. Insane*, Utica, New York, 1879, xxxv, 359.
- (L. C.) Lunacy Reform. *Med. Rec.*, New York, 1880, xvii, 132.
- On the Treatment of certain Cases of Insanity at Home. *Proc. M. Soc. County Kings*, Brooklyn, 1880-81, v, 209-13.
- GREAT BRITAIN (ENGLAND). Parliament, House of Commons. The first Annual Report on Madhouses. . . Made by a Select Committee appointed by the House of Commons to inquire and consider of provision being made for the better regulation of Public and Private Madhouses in England. 8vo. London, 1816.
- Commissioners in Lunacy. Further Report of the Commissioners in Lunacy to the Lord Chancellor. 8vo. London, 1847.
- Suggestions and Instructions in Reference to (1), Sites; (2), Construction and Arrangement of Buildings; (3), Plans of Lunatic Asylums issued by the Commissioners in Lunacy. 8vo. London, 1870.
- Metropolitan Commissioners in Lunacy. Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor. 8vo. London, 1844.
- Parliament, House of Commons. Report, together with the Minutes of Evidence, and an Appendix of Papers from the Committee appointed to consider of provision being made for the better Regulation of Madhouses in England. 8vo. London, 1815.
- Secretary of State for the Home Department. County Lunatic Asylums. Return to an Address of the House of Commons. Fol. [London, 1842.]
- Secretary of State for the Home Department. The Report of the Commissioners in Lunacy to the Secretary of State on Bethlem Hospital, together with a copy of the Evidence on which such Report is stated to be founded. 8vo. London, 1852.
- Return to an Address of the House of Commons, dated 3 April 1856, for "Returns of the total number of Lunatics in respect of whom Commissions of Lunacy are now in force . . .", of the total amount of their Annual Incomes . . . and of the number of Criminal Lunatics . . . Fol. [London, 1856.]
- Commissioners in Lunacy. Annual Reports. . . Fol. and 8vo. London, 1847-84.
- Secretary of State for Foreign Affairs. Reports from Her Majesty's Representatives at European Courts and in the United States on the working of the Lunacy Laws in the Countries in which they reside . . . Fol. London [1885].
- Commissioners in Lunacy. Return to an Address to the House of Commons for "Copy of a Letter to the Lord Chancellor, with reference to their duties and practice, under the Act 8 and 9 Vict., c. 100." 8vo. [London, 1849.]
- Criminal Lunatics Bill. A Bill intituled an Act to Consolidate and Amend the Law relating to Criminal Lunatics. . . Fol. London, 1884.
- Criminal Lunatics Bill. A Bill [as amended on third reading] intituled . . . Fol. London, 1884.
- Memorandum of the Lunacy Acts Amendment. Arrangement of Clauses. A Bill intituled an Act to amend the Acts relating to Lunatics. Fol. London, 1885.
- House of Lords. Memorandum of the Lunacy Acts Consolidation Bill. A Bill intituled an Act . . . Fol. London, 1885.
- Affidavits sworn before Lord Ellenborough in refutation of the testimony of John Wilson Rogers and Mary Humieres, given before the Committee of the Honourable House of Commons, on the Madhouse Bill. . . 8vo. [London, 1816.]
- The Alleged Lunatic's Friend Society. First Report. . . 8vo. London, 1846.
- The first Annual Report on Madhouses made in the year 1816. . . Made by a Select Committee appointed by the House of Commons. . . 8vo. London, 1816.
- A Letter to the Right Honourable the Lord Chancellor on the present State of the Law of Lunacy. . . 8vo. London, 1838.
- "Medicus." A short Letter to a noble Lord, on the present State of Lunatic Asylums in Great Britain. 8vo. Edinburgh, 1806.
- Observations on the Statute 14 Geo. III,

- c. 49, for regulating Madhouses, and on the Bill now in progress through Parliament for regulating the Treatment of Insane Persons. 8vo. London, 1828.
- On the Want of remedial Treatment for the Poor of unsound Mind in England, and on the Proposal to confine them in wards of Workhouses. 8vo. London, 1841.
- Remarks upon the Report of the Metropolitan Commissioners on Lunatic Asylums. 8vo. London, 1845.
- Speeches of Baron Henry de Worms (Chairman) and other gentlemen, at the thirty-second Anniversary Festival of the Earlswood Asylum, May 20, 1879. 12mo. Earlswood, 1879.
- A Voice from Derby to Bedlam. 8vo. London [1864?].
- Lunacy in England. *J. Psych. M.*, London, 1878, n. s., iv, 284-97.
- Our Lunacy Systems. *Brit. M. J.*, London, 1871, i, 199, etc.
- Our Lunatics. *Brit. and For. M.-Chir. Rev.*, London, 1859, xxiv, 87-94.
- Report from the Select Committee of the House of Commons, appointed to inquire into the State of Lunatics. *Edinb. M. and S. J.*, 1808, iv, 129-51.
- Considérations générales sur les établissements d'aliénés de la Grande-Bretagne. *Ann. méd.-psych.*, Paris, 1847, x, 96-122.
- Condition of Lunacy in England. *J. Psych. M.*, London, 1875, n. s., i, 182-89.
- County and Borough Lunatic Asylums; charge and cost per week for the year 1877. *Brit. Med. J.*, London, 1878, ii, 489.
- Report of the *Lancet* Commission on Lunatic Asylums. *Lancet*, London, 1875, ii, 816, etc.
- Kenntniß (Zur) des Zustandes der englischen Irrenanstalten. *Mag. d. unsl. Lit. d. ges. Heilk.*, etc., Hamb., 1828, xvi, 1-9.
- GREAT BRITAIN (SCOTLAND). Secretary of State for the Home Department. Lunacy Commission (Scotland). Return to an Address. . . Fol. [Edinburgh, 1857].
- Scottish Lunacy Commission. Report by Her Majesty's Commissioners appointed to inquire into the State of Lunatic Asylums in Scotland, and the existing Law in reference to Lunatics and Lunatic Asylums in that part of the United Kingdom. With an Appendix. 8vo. Edinburgh, 1857.
- Secretary of State for the Home Department. Annual Reports of the General Board of Commissioners in Lunacy for Scotland, 1-26, 1858-1883. 8vo. Edinburgh, 1859-84.
- Lunacy Administration in Scotland. *Edinb. M. J.*, 1876-7, xxii, 1098-1102.
- Lunacy in Scotland. *J. Psych. M.*, Lond., 1875, n. s., i, 267; 1881, n. s., vii, 274.
- (IRELAND). Lord-Lieutenant and Privy Council of Ireland. Lunatic Asylums of Ireland. Return to several Orders of the House of Commons, dated 22 July 1835, for a Return of each District Asylum established in Ireland, specifying the Name, the Year in which opened. . . and the Expense in each year. Fol. [London, 1836].
- Returns. Fol. [London, 1837-43.]
- Reports of the Inspectors-General of the District, Local, and Private Lunatic Asylums in Ireland. With Appendices, 1843 and 1844. Fol. Dublin, 1844-5.
- Reports by the Inspector of Lunatic Asylums to the Lord-Lieutenant Governor of Ireland. . . Fol. and 8vo. Dublin, 1846-82.
- Report. . . 33. 1883. 8vo. Dublin, 1884.
- Parliament. Lunatic Asylums, Ireland, Commission. Report of the Commissioners of Inquiry. . . Part 1. Report, Tables, and Returns. Fol. Dublin, 1858. The same, Part 2. Evidence and Documents. Fol. Dublin, 1858.
- Lord-Lieutenant and Privy Council of Ireland. Lunatic Asylums, Ireland. Reports on the District, Criminal, and Private Lunatic Asylums in Ireland. . . Fol. and 8vo. Dublin, 1846-84.
- Report from the Select Committee on Lunatics; together with the Proceedings of the Committee, Minutes of Evidence, and Appendix. Fol. [Lond., 1880.]
- Parliament. Private Lunatic Asylums (Ireland) Bill. Arrangement of Clauses. A Bill to Alter and Amend the Law relating to Private Asylums in Ireland, and to make other and more suitable Provision for Paying Patients. Fol. [London, 1885.]
- The Irish Lunatic Asylum Service. *J. Ment. Sc.*, London, 1877-8, xxiii, 559.
- GREATFORD. Détails sur l'établissement du Docteur Willis pour la guérison des aliénés. *Ann. méd.-psych.*, Paris, 1849, xiii, 380-90.
- GREEN (T.). Functions of a Medical Staff of an Insane Hospital. *Am. Psychol. J.*, Phila., 1883, i, 225-33.
- GREENE (R.). A Public Asylum designed for 414 beds, capable of extension to 600. *J. Ment. Sc.*, London, 1880-81, xxvi, 233-44, 2 pl.
- GRIESINGER (W.). Ueber Irrenanstalten und deren Weiter-Entwicklung in Deutschland. *Arch. f. Psychiat.*, Berlin, 1868-9, i, 8-43. Also, transl.: *J. Ment. Sc.*, Lond., 1868-9, xiv, 1-3.
- Zur Kenntniß der heutigen Psychiatrie in Deutschland. Eine Streitschrift gegen die Broschüre des Sanitätsraths Dr. Laehr in Tehlendorf: "Fortschritt? Rückschritt." 89. Leipzig, 1868.
- Ueber die familiäre Irrenverpflegung. *Ber. u. d. Versamm. deutsch. Irrenärzte*, Berlin, 1865, 60-63.
- GRIFFIN (P. E.). Remarks on the Duty of the Profession to Insane Asylum Patients. *Tr. South Car. M. Ass.*, Charleston, 1879, xxix, 33-5.
- GRIFFINI (R.). Rapporto della commissione incaricata di studiare il piano organico dei manicomj provinciali. *Ann. univ. di med.*, Milano, 1867, cci, 450-61.
- GRILLI (P.). La pazzia ne' militari; note statistiche intorno ai casi occorsi in un ventennio nel manicomio fiorentino. *Gior. di med. mil.*, Firenze, 1870, xviii, 129-46.
- Intorno alla relazione statistico-clinico del manicomio di Perugia. *Imparziale*, Firenze, 1882, xxii, 105-7.
- Sullo stato presente dei pazzi in Italia. *Ibid.*, 1872, xii, 6, 33.
- GROOS. Etwas aus und über die Irrenan-

- stalt in Heidelberg. *Ann. f. d. ges. Heilk.*, Karlsruhe, 1827-8, iii, 51-60.
- GRUPIUS (M.) Die Provinzialirrenanstalt zu Neustadt-Eberswalde. Fol. Berlin, 1869.
- GUALANDI (D.) Osservazioni sopra il celebre stabilimento d'Aversa nel regno di Napoli e sopra molti altri spedali de' Italia destinati alla reclusione, e cura de' pazzi, con alcune considerazioni sopra i perfezionamenti, di che sembra suscettivo questo genere di stabilimenti. 8°. Bologna, 1823.
- (G.) Delle riforme legislative da promoversi in favore de gli alienati di mente. *Arch. psychiat.*, etc. Charkov, 1864, i, 381-90.
- GUARDIN (J. M.) La colonie agricole de Mettray. *Gaz. méd. de Par.*, 1866, xxi, 235, etc.
- GUDDEN. Das Irrenwesen in Holland. Auszug aus den übergebenen Berichten der Anstaltsinspectoren. C. J. Heith und J. L. C. Schroeder van der Kolk. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1853, x, 458-80.
- GULLAND (fils). Rapport sur les études médicales faites dans les asiles d'aliénés les mieux organisés de France, d'Allemagne, et de Suisse, par Fusier. Roy. 8vo. Chambéry, 1855.
- De la réforme du traitement des aliénés à l'occasion de la notice biographique sur le médecin Daquin. *Ann. méd.-psych.*, Paris, 1854, 2 s., vi, 1-13.
- GUTSLAIN (J.) Recherches statistiques faites dans les établissements d'aliénés à Gand au rapport sur les exercices de ces institutions. *Ann. Soc. de méd. de Gand*, 1853, xxxi, 213-331. Also: Reprint.
- Exposé sur l'état actuel des aliénés en Belgique et notamment dans la province de la Flandre-Orientale, avec l'indication des moyens propres à améliorer leur sort. *Ann. Soc. de méd. de Gand*, 1838, iv, 281-332, 2 pl.
- Leçons orales sur les phrénopathies; ou traité théorique et pratique des maladies mentales. 2nd ed. 8°. Gand, 1880.
- GUNDY (R.) The Care of the Insane. *Proc. Confer. Char.*, Boston, 1880, vii, 101-12.
- Report on Insanity. *Tr. Ohio M. Soc.*, Columbus, 1860, 195.
- GUNTZ (E. W.) Die Irren- Heil- u. Pflege-Anstalt Thonberg im ersten viertel-jahrhundert ihrer Wirksamkeit dargestellt. 4°. Leipzig, 1861.
- (J. W.) Nachrichten von dem Irren- u. Zuchthause zu Waldheim, und dessen Einrichtung. *N. Mag. f. d. gerichtl. Arznh. u. med. Pol.*, Stendal, 1785, i, 100-35.
- (T.) Ein Beitrag zur Frage über Irren-Colonien. *Allg. Ztschr. f. Psych.*, etc., Berlin, 1861, xviii, 329-46.
- GUTSCH (A.) Ueber Seelenstörungen in Einzelhaft. Nach dem im Zellengefangnisse Bruchsal in zwölf Jahren gewonnenen Erfahrungen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1862, xix, 1-107.
- Wohin mit den Geisteskranken Straflingen. *Ibid.*, 1873-4, xxx, 393.
- GUTTSTADT (A.) Statistik der Irrenanstalten in Preussen (ohne die neuen Provinzen). *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1875, xxxi, 609.
- H.
- HACK. Zur Statistik der Irren Blödsinnigen und Kretinen im Grossherzogthum Baden. *Arch. Mitth. d. Baden*, Karlsruhe, 1860, xiv, 177-83.
- HAGEN (F. G.) Statistische Untersuchungen über Geisteskrankheiten. Nach den Ergebnissen der ersten fünf und zwanzig Jahre der Kreisirrenanstalt zu Erlangen unter Mitwirkung von deren. *Hilfsärzten*. 8°. Erlangen, 1876.
- (F. W.) Zum bayerischen Irrenwesen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1849, vi, 543-85.
- HALL. Die Irrenanstalt zu Hall. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1875, xxi, 113-16.
- HALLIDAY (Sir A.) A General Review of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland, and in some other Kingdoms. 8vo. London, 1828.
- A Letter to Lord R. Seymour, with a Report of the Number of Lunatics and Idiots in England and Wales. 8vo. London, 1838.
- HALLOCK (W. B.) Accommodation for the Insane on the Cottage Plan. *New York M. J.*, 1873, xviii, 582; 1874, xix, 1. Also: Reprint.
- Cottage System for Treating the Insane. *Proc. Connect. M. Soc.*, Hartford, 1877, 121-28. Also: Reprint.
- HAMBURG. Beschreibung der Hamburger Irrenanstalt Friedrichsberg bei Hamburg. 8°. Hamburg, 1869.
- Verwaltung des allgemeinen Krankenhauses. Verwaltung der . . . 4°. Hamburg, 1878-9.
- HAMMOND (W. A.) The Construction, Organisation, and Equipment of Hospitals for the Insane. *Neurol. Contrib.*, New York, 1880, i, No. 2, 1-25.
- The Non-Asylum Treatment of the Insane. *Ibid.*, 1879, i, 1-22. Also: *Tr. M. Soc. New York*, Syracuse, 1879, 280. Also: Reprint.
- The Treatment of the Insane. *Internat. Rev.*, New York, 1880, viii, 225-41.
- Suggestions for Improvements in the Management of the Insane, and of Hospitals for the Insane, in the State of New York. *Neurol. Contrib.*, New York, 1881, i, No. 3, 61-7.
- HANWELL. Annual Reports of the Committee of Visitors and Medical Superintendent. . . . 8vo. London, 1848-66.
- Reports of the Visiting Justices. . . . 8vo. London, 1843-4.
- The Special Report of the Committee of Visitors, with Appendices. (May General Session, 1846.) 8vo. London, 1846.
- Die Irrenanstalt in Hanwell, *Mag. d. aust. Lit. d. ges. Heilk.*, etc., Hamburg, 1835, xxix, 313-29.
- HARDY (R. S.) Eastern Monachism. 8vo. London, 1850.

- HÄRLIN (S.) Ueber die Gefahr einer zu grossen Liberalität in Irrenanstalten. *Ann. d. Staatsarznh.*, Freiburg i. Breisgau, 1839, iv, 2 Hft., 117-22.
- HARRISON. Remarks upon an "Amended Bill" for Regulating Madhouses. *Med. and Phys. J.*, Lond., 1814, xxxii, 1-4.
- (G. L.) Legislation on Insanity; a Collection of all the Lunacy Laws of the States and Territories of the United States to the year 1883, inclusive; also the Laws of England on Insanity, Legislation in Canada on Private Houses, and important portions of the Lunacy Laws of Germany, France, etc. 8vo. Phila., 1884.
- Chapters on Social Science as connected with the Administration of State Charities. 8vo. Phila., 1877.
- HARTFORD. Connecticut State Medical Society. Report of a Committee of the . . . respecting an Asylum for the Insane, with the Constitution of the Society for their Relief. 8vo. Hartford, 1821.
- HASKELL and WOOD. Kansas State Insane Asylums. *Am. Architect*, Boston, 1876, i, 253, 1 pl.
- HASLAM (J.) A letter to the Governors of Bethlehem Hospital, containing an Account of their Management of that Institution for the last twenty years. . . . Part I. 8vo. Lond., 1818.
- HASSE. Ueber die Aufnahmebedingungen in Irrenanstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1875, xxxii, 69-77.
- Zur Wärterfrage. *Ibid.*, 1876, xxxiii, 573-581.
- Einiges über Irrenanstalten. *Ibid.*, 1884, xli, 54.
- Die Statistik der Geisteskranken und Idioten im Herzogthum Braunschweig am 1 Januar 1868. *Ibid.*, 1870-71, xxvii, 550-69.
- HAUTESIERCK (Richard de). *Formulæ medicamentorum nosodochii militarium digestæ et auctæ a D. R. de H.* 4to. Paris, 1772.
- HAWKES (J.) The Condition of the Insane. *J. Psych. Med.*, Lond., 1853, xi, 88-97.
- HAWKINS (H.) A Plea for Convalescent Homes in connection with Asylums for the Insane Poor. *J. Ment. Sc.*, Lond., 1871-2, xvii, 107-16.
- Asylums and their Neighbours; can Neighbours Help? *Ibid.*, 1877-8, xxiii, 10-16.
- "After Care." *Ibid.*, 1879-80, xxv, 358-67.
- HAYNER. Von der Verpflegungsanstalt zu Waldheim in Sachsen. *Ztschr. f. Psych. Acute*, Leipzig, 1822, v, 2, Vrtljhhf. 89-138.
- HAYNES (S.) Voluntary Patients in Asylums. *J. Ment. Sc.*, Lond., 1869-70, xv, 563-75. Also: Reprint.
- Lunacy Certificates. *Practitioner*, Lond., 1875, xiv, 376-88.
- HICKER (E.) Ueber das Verhältniss zwischen Nerven- und Geisteskrankheiten in Bezug auf ihre Behandlung in getrennten Anstalten. *Deutsch. med. Wchnschr.*, Berlin, 1881, vii, 121, 134.
- HEIDELBERG. Bemerkungen über die Einrichtung einer neuen Irrenanstalt im Grossherzogthume Baden von der medicinischen Facultät an der Universität Heidelberg. *Med. Ann.*, Heildelb., 1837, iii, 161.
- HEIJE (J. P.) Over de wetgeving omtrent krankzinnigen. *Wenk. en. Meening. omt. Geneesk. Staatsreg.*, Amst., 1838, i (1), 49-72.
- HEINRICH (C. B.) Denkschrift über den gegenwärtigen Zustand der Irrenpflege in der Provinz Preussen mit besonderer Berücksichtigung des Planes der neu zu bauenden Anstalten zu Paterswalde und Schwetzw. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1848, v, 397-431. [See also Damerow, *supra*.]
- HEIWEG. Fra Ager-brugs. Kolonien for Sindssyge. [The Agricultural Colony for Insane.] *Hosp.-Tid.*, Kjøbenhavn., 1882, 2 R., ix, 553, 569.
- Blandede eller ikke blende de Asyler for Sindssyge. [Separate Hospitals for Insane.] *Ibid.*, 1881, 2 R., viii, 401, 421.
- Lidt Anstalts-Statistik for Jylland. *Ibid.*, 1882, 2 R., ix, 457, 481.
- (K.) Om Sindssygeforplejningen ude og Hjemme. [Care of the Insane Outside and at Home.] 8°. Kjøbenhavn, 1880.
- HÉLY D'OISSEL. La question des asiles d'aliénés départementaux. *Tribune méd.*, Paris, 1883, xv, 121, 133.
- HENKE (A.) Die in der zweiten Kammer der bayerischen Ständeversammlung im J. 1825, über die Verbesserung der Irrenhäuser in Bayern im Allgemeinen und über Errichtung von Kreis-Irrenhäusern, gepflogenen Verhandlungen. *Ztschr. f. d. Staatsarznh.*, Erlangen, 1826, xii, 1-22.
- HENNE (H.) Ueber Geistesstörungen und Irrenanstalten. 8°. St. Gallen, 1865.
- HERBELOT (d'). Sur la législation des aliénés dangereux. *Soc. de méd. l'ég. de France*, Bull. Paris, 1881-2, vii, 127-34. Also: *Ann. d'hyg.*, Paris, 1882, 3 s., vii, 277.
- HERMANN (R.) Zur Irrenstatistik der Herzogthums S. Meinungen. *Cor.-Bl. d. allg. arztl. Ver. v. Thüringen*, Weimar, 1878, vii, 151-55.
- HERZ (K.) Die Pflichten der Gesetzgebung und des Staates gegenüber den Privat-Irren-Anstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1858, xv (App.), 1-29. Also: Reprint.
- HERZOG (P.) Des asiles d'aliénés en Russie. *Ann. méd.-psych.*, Paris, 1863, 4 s., ii, 81-3.
- Entwurf einer Gesetzordnung über Irre. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1848, v, 432-44.
- HESSE. Die Irren- u. Siechen-Zählung im Grossherzogthume Hessen vom Jahre 1880. Vom Dr. Reissner. 4°. Darmstadt, 1883. Repr. from: *Beiträge z. Statistik d. Grossherzog. Hessen*, xxiii, 2 Hft.
- Gheul und seine Irren-Colonie. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1884, xli, 404.
- HESSEN. Entscheidung des Grossh. Verwaltungs gerichtshofes, dass die Verbringung eines Geisteskranken in eine Irrenanstalt nicht als Entfernung desselben von seinem Wohnorte im Sinne des Art. 1 des Gesetzes über die Gemeinde-Nutzungen der Ortsbürger vom 21 Juni 1852 betrachtet werden kann. *Med.-Gesetzgeb.*, Berlin, 1880, vi, 1-3.

- HEYFELDER (O.) Die Irrenhäuser in Paris. [Reisebericht.] *Deutsch. Klinik*, Berlin, 1853, v, 561, etc.
- HIGGINS (J. M.) On the Necessity of a Resident Medical Superintendent in an Institution for the Insane. *Am. J. Insan.*, Utica, New York, 1850-1, vii, 64.
- HIGHMORE (A.) A Treatise on the Law of Idiocy and Lunacy; to which is subjoined an Appendix, containing the Practice of the Court of Chancery on this Subject, and some useful Practical Forms. 8vo. London, 1807.
- HILDBURGHAUSEN. Die projectirte Heil- u. Pflegeanstalt für das Herzogthum Sachsen-Meiningen bei Hildburghausen. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1859, vi, 3-5.
- HILDBRAND. Coup-d'œil médical sur l'asile des aliénés de La Charité-sur-Loire (Nièvre). 8o. La Charité, 1878.
- HILSON (A.) Annual Report of the Agra Lunatic Asylum for 1878. *Indian M. Gaz.*, Calcutta 1879, xiv, 98-101.
- HIRSCH (von). Oikographie der Irrenheilanstalt zu St. Georgen bei Baireuth. *Ztschr. f. psych. Aerzte*, Leipzig, 1822, v, 1 Vrtljht., 108-23.
- HIRT. Die Liebe und das Irrenhaus. *Bl. f. gerichtl. Anthropol.*, Ansbach, 1854, v, 3 Hft., 3-11.
- History (The) and Present State of Lunatic Asylums, Public and Private. *J. Psych. M.*, London, 1850, iii, 425-44.
- HOFFMANN (F.) Ueber die Eintheilung der Geisteskrankheiten in Siegburg. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1862, xix, 367-91.
- (H.) Ueber Schutz und Verschluss der Fenster in Irrenanstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1857, xiv, 65-80.
- Ueber den für Irren-Anstalten nothwendigen Bedarf an Wasser. *Ibid.*, 1860, xvii, 139-48.
- Anstalt für Irre und Epileptische. Berichte für die Jahre 1857-81. *Jahresb. u. d. Verwaltung d. Med.-Wes., d. Krankenanst., d. Stadt Frankf.* (1857), 1859, i, 189 et seq.
- HOFHEIM u. HEPPENHEIM. Die Irrenanstalten des Grossherzogthums Hessen. Berichte über Organisation, Verwaltung und Leistungen derselben in den Jahren 1866 bis 1877. Hrg. von dem Grossh. Hess. Minist. des Innern und der Justiz. Abtheilung für öff. Gesundheitspfl. Roy 8vo. Darmstadt, 1880.
- HOLLAND. Verslag over den Staat der gestichten voor krankzinnigen, in de jaren 1847; 1849 en 1850; 1854-9 en 1869-74; aan den Minister van Binnenlandsche Zaken ingediend door de inspecteurs der gestichten. 4o. 's Gravenhage, 1849-78. Also, transl. [Abstr. for 1857-9] in *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 320-27.
- Verslag van het patronat voor behoeftige herstelde krankzinnigen in de provincie Noord-Holland. 4, 1866-7. 8o. [Amsterdam, 1867.]
- The Lunatic Asylums of Holland. *Brit. and For. M.-Chir. Rev.*, London, 1860, xxv, 21-30.
- Der Entwurf des neuen holländischen Irrengesetzes. *Vrtljhrsch. f. gerichtl. Med.*, Berlin, 1884, n. F., xl, 144-48.
- HOLM (R. A.) Nogle Rejsesoptegnelser angaaende Sindssygeforhold. [Travelling Notes on Insane Asylums.] *Hosp.-Tid.*, Kjøbenhavn, 1871, xiv, 197, etc.
- HOLSBEEK (H. van). La législation Belge relative aux aliénés. Vade mecum des médecins et des jurisconsultes. 12o. Brux., 1867.
- HOLST. Cellesystements Ophævelse i Frankrige. [The Cell System abandoned in France.] *Norsk. Mag. f. Laegevidensk.*, Christiania, 1854, viii, 201-24.
- (A.) Notiser om det Britiske Sindssygevaesen. *Ibid.*, 1854, viii, 225.
- (F.) Beretning, Betaenkning og Indstilling fra en til at Undersøge de Sindssyges Kaar i Norge, og giøre Forslag til deres Forbedring i Aaret 1825, naadigt nedsat kongelig Commission. 8o. Christiania, 1828.
- Ueber die Anzahl der Geisteskranken, Blinden und Taubstummen in Norwegen im Jahre 1835. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1847, iv, 479-87, 1 tab.
- Sindssyge, Blinde, Døvestumme og Spedalske i Norge den 31 December 1845. *Norsk. Mag. f. Laegevidensk.*, Christiania, 1851, 2 R., v, 585-98. Also: Reprint.
- Ditto . . . den 31 December 1855. *Ibid.*, 1858, 2 R., xii, 177-86.
- HOOD (W. C.) Report to the President, the Treasurer, and the Governors of the Royal Hospital of Bethlem. 8vo. London [1860].
- Statistics of Insanity: being a Decennial Report of Bethlem Hospital from 1846 to 1855 inclusive. 8vo. London [1856].
- The same. From 1846 to 1860 inclusive. 8vo. London, 1862.
- Suggestions for the Future Provision of Criminal Lunatics. 8vo. London, 1854.
- Criminal Lunatics. 8vo. London, 1860.
- HOPF (C. G.) Ueber Anstalten für Gemüths kranke und über Rettungsanstalten für verwaorste Kinder. *Ztschr. f. d. Staatsarznk.*, Erlang., 1836, xxvi, 348-58.
- HORNUNG (J.) und HOLLER (A.) Bericht über die niederöstr. Landesirrenanstalt Ibb. *Med.-Chir. Centralbl.*, Wien, 1877, xii, 473, etc.
- HORTELOUP (P.) Examen de la loi sur les aliénés. *Soc. de méd. lég. de Par.*, Bull., 1870-72, ii, 96-120. Also: *Ann. d'hyg.*, Paris, 1870, 2 s., xxxiv, 167-91.
- Hospital and Cottage Systems for the Treatment of the Insane. *Am. J. Insan.*, Utica, New York, 1870-71, xxvii, 80-103. Also: Reprint.
- Hospitals (On) for the Insane, with particular Reference to separate Establishments for the Chronic Insane Poor. Discussion of the Ass. of Med. Superintendents of Am. Instit. for the Insane in Convention at Washington. *Am. J. Insan.*, Utica, New York, 1866, xxiii, 146-250. Also: Reprint.
- HOWARD (H.) Some Practical Hints on the General Treatment of the Insane. *Canada M. and S. J.*, Montreal, 1878-9, vii, 433-46.
- Extract from Annual Report to the Board

- of Inspectors of Prisons and Asylums for the year 1872. *Ibid.*, 1872-3, i, 412-15.
- HOWARD (J.) An Account of the principal Lazarettos in Europe. 4mo. Warrington, 1789.
- The State of the Prisons in England and Wales. 4mo. Warrington, 1777-80.
- (R.) Revelations of Egyptian Mysteries. 8vo. London, 1881.
- HOWDEN (J. C.) Precautions against Fire in Lunatic Asylums. *J. Ment. Sc.*, London, 1884, xxx, 38-41.
- Notes on Italian Asylums for the Insane. *Edinb., M. J.*, 1865-6, xi, 535-40.
- HOYT (C. S.) Care of the Insane. *Phila. M. Times*, 1872-3, iii, 459.
- HUBERTZ (J. R.) Statistik des Irrenwesens in Dänemark. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1844, i, 457-81.
- Hudson (The) River State Hospital. *Sanitarian*, New York, 1874-5, ii, 11-15.
- HUGGARD (W. R.) The Lunacy Law; its Defects; and a Scheme of Reform. *Brit. M. J.*, London, 1885, i, 117-19.
- HUGHES (C. H.) Practical Notes illustrative of how to dispose of the Insane. *Alienist and Neurol.*, St. Louis, 1881, ii, 372-79.
- Report on Psychological Medicine. *Tr. M. Ass. Missouri*, St. Joseph, 1872, vi, 21-32.
- HUMANE (The) System of Treatment of the Insane. *Lancet*, London, 1840-1, ii, 10-12.
- HUNGERBUHLER (J. M.) Ueber das öffentliche Irrenwesen in der Schweiz. Mit einem Antrag an die Hauptversammlung der schweiz gemeinnützigen Gesellschaft vom Sept. 1846, eingereicht im Namen der Direktions-Kommission der St. Gallisch-Appenzell. Sektion desselben von deren Vorstand. 8°. St. Gallen u. Bern, 1846.
- HUNT (E. M.) The Relation of the general Practitioner to the Treatment of Mental Derangement; our Asylums and their Sphere. *Med. Rec.*, New York, 1875, x, 251-53.
- HUPPERT (M.) Welche Aufgaben bleiben neben den staatlichen Irrenanstalten der Gemeinde für die Versorgung ihrer Irren und welche Einrichtungen hat sie deshalb zu treffen? *Schmidt's Jahrb.*, Leipz., 1871, cl, 201-14.
- Ueber die beste Art der öffentlichen Irrenfürsorge in Deutschland und die Griesinger'schen Reformvorschläge. *Ibid.*, 1869, exliv, 321-47.
- HURD (H. M.) Future Provision for the Insane in Michigan. 8vo. [n. p., 1883].
- HUREL. Le quartier des condamnés aliénés annexé à la maison centrale de Gaillon. *Ann. méd.-psych.*, Paris, 1877, 5 s., xvii, 203-24, 1 pl.
- Ditto: Etude statistique. *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 54-77.
- HUSS (M.) Några jemförelsepunkter rörande förhållandena inom Sveriges och Norges anstalter för Sinnessjukes behandling och vård. *Hygica*, Stockholm, 1884, xlv, 603-10.
- Några jemförelsepunkter mellan de svenska hospitalens verksamhet under år 1867 och motsvarande inrättningars i Norge och Danmark nemligen Gaustad Sindssygeasyt invid Christiania och St. Hans Hospital for Sindssyge invid Köpenhamn. *Ibid.*, 1869, xxxi, 161-67.
- HUXLEY (J. E.) On the existing Relation between the Lunacy Commission and Medical Superintendents of Public Asylums. *J. Ment. Sc.*, London, 1858-59, v, 95-100.
- Hygienischer Führer durch Berlin. 4°. Berlin, 1882.
- I.
- IBERTI. Détails sur l'hôpital de Saragosse en Espagne, destiné surtout au traitement des fous ou maniaques. *Méd. éclairée*, Paris, 1791, ii, 315.
- IDELER. Ueber den projektirten Bau einer Irrensiechenanstalt in Anschluss an die bereits im Bau begriffene städtische Irrenanstalt zu Dalldorf. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1878, xxxv, 370-86.
- ILLENAU. Die Heil- u. Pflegeanstalt Illenau in Baden. 8vo. Illenau, 1877.
- Heil- und Pflegeanstalt. Statut für die . . . *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1844, i, 229-61.
- ILLINOIS. Special Report of the Commissioners of Public Charities on the Number and Condition of the incurable Insane in Illinois, to the President of the Senate. 8vo. Springfield, 1874.
- State Medical Society: Report of Committee on Insanity. *Tr. Ill. M. Soc.*, Chicago, 1869, xix, 48-60. Also: *Chicago M. Exam.*, 1869, x, 513.
- Draft of a proposed Law relating to the Care and Treatment of the Insane. 8vo. Springfield, 1885.
- Eastern Hospital for the Insane, Kankakee. Abstract of the Laws of the State of Illinois in Relation to the Commitment of Patients to the Hospital for the Insane. 4to. [Springfield, n. d.]
- Northern Hospital for the Insane, Elgin. Abstract of the laws. . . . 4to. Springfield. [n. d.]
- Legislation regarding Hospitals for the Insane. *Am. J. Insan.*, Utica, New York, 1869-70, xxvi, 204-29.
- The Law as to the Commitment of the Insane in Illinois. [Edit.] *Chicago M. J. and Exam.*, 1879, xxxviii, 206.
- Illustrations of the defective State of the Law of Lunacy, with Suggestions for its Amendment. *Med. Times*, London, 1850, xxi, 121-23.
- Improved (An) Button-Lock for fastening the Dress of the Insane. *Lancet*, London, 1851, i, 439.
- INDIA. Report on the Lunatic Asylums in Bengal, by the Committee appointed to inquire into Medical Expenditure in Bengal. Fol. Calcutta, 1879.
- Annual Administration and Progress Reports on the Lunatic Asylums in the Bombay Presidency. By the Surgeon-General. 8vo. and fol. Bombay, 1874-84.
- Reports on the Asylums for European and Native Insane Patients at Bhowanipore and Dullunda for 1856 and 1857. 8vo. Calcutta, 1858.

- INGELS (B.) Une visite aux établissements d'aliénés du Middlesex. Rapport à la commission des hospices civils de Gand. *Ann. Soc. de méd. de Gand*, 1862, xl, 119.
- Recherches statistiques faites dans l'hospice des aliénés de Gand (Hospice-Guislain) pendant la période décennale de 1853 à 1862. *Ibid.*, 1864, xlii, 258, etc.
- INGLOTT (F. V.) Treatment of Lunatics in Malta. *J. Ment. Sc.*, London, 1877, xxiii, 70-76.
- INMAN (Thomas M. D.) Ancient Faiths and Modern. 8vo. New York, 1876.
- Ancient Faiths embodied in Ancient Names. 2nd. ed., 2 vols. 8vo. London, 1872.
- Insane Asylum Buildings in the U. S. *Med. Rec.*, New York, 1878, xiii, 170-73.
- Insane (The). [Edit.] *Boston M. and S. J.*, 1879, c, 235.
- Insane (The) at Home. [Edit.] *Am. Psych. J.*, Phila., 1883-4, i, 135-38.
- Instructions sur la manière de gouverner les insensés, et de travailler à leur guérison dans les asiles qui leur sont destinés. *J. de méd., chir., pharm., etc.*, Paris, 1785, lxiv, 529-83.
- Instruction concernant les détails relatifs aux arrangements intérieurs des établissements d'aliénés. [Art. 2 du règlement général, etc., du 1er mai 1851.] *Bull. Soc. de méd. de Gand*, 1852, xix, 229-46.
- IRELAND. A Review of the Inspector's Report on the District, Criminal, and Private Hospitals for the Insane in Ireland for the year 1872. 8vo. [Dublin], 1874.
- District Lunatic Asylums for the Insane Poor of Ireland. *Med. Circ.*, London, 1854, iv, 202, 221.
- The Inspectorial Government of Irish Lunatic Asylums. *Med. Press and Circ.*, London, 1874, n. s., xvii, 317.
- Lunacy in Ireland. *J. Psych. M.*, London, 1875, n. s., i, 278-86.
- Irish (The) Lunatic Asylum Service. *J. Ment. Sc.*, London, 1877-8, xxiii, 559-63.
- IRRENANSTALTEN (Ueber) mit besonderer Rücksichtnahme auf Ober-Bayern. 8a. München, 1883.
- IRRENGESETZE (Die) in Frankreich, Genf, den Niederlanden, England, Norwegen, Belgien, und Schweden. 8a. Berlin, 1863.
- IRRENHAUS-FRAGE (Zur). *Wien. med. Wchnschr.*, 1868, xviii, 1197, etc.
- Die Irrenhausfrage in der Ständekammer. *Med. Cor.-bl. d. württemb. ärztl. Ver.*, Stuttg., 1871, xli, 174, etc.
- IRRENWESEN (Das), 1867-1875. *Jahresh. d. Landes. Med.-Coll.*, etc., 1867, Dresden, 1869, i, 109, etc.
- IRSCHITZKY. Ueber psychischen Krankheiten im Districts physikate Voitsberg. *Med. Jahrb. d. k. k. österreich. Staates*, Wien, 1838, xxvi, 233-47.
- ITALY. Prime linee d'una statistica pei manicomj d'Italia. *Arch. ital. per le mal. nerv.*, Milano, 1867, v, 265-71.
- J.
- JACOBI. Die Provinzial-Irrenanstalt zu Bunzlau. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc. Coblenz, 1876, xxii, 49-64.
- JACOBI (M.) Zur Statistik der in den preussischen Rheinprovinzen befindlichen Irren; die Irrenheilanstalt zu Siegburg. *Samml. f. d. Heilk. d. Gemüthskrankh.*, Elberfeld, 1830, iii, 167-97.
- Ueber die Anlegung und Einrichtung von Irrenheilanstalten mit ausführlicher Darstellung der Irrenheilanstalt zu Siegburg. 8a. Berlin, 1834. The same: Transl. by J. Kitching. With Introductory Observations, etc., by S. Tuke. 8vo. London, 1841.
- Nachrichten über einige öffentliche Irrenanstalten in England. *Ztschr. f. d. . . krankh. Seelenzust.*, Berlin, 1838, i, 311-94.
- JARVIS (E.) What shall we do with the Insane of the Western Country? 8vo. Louisville, 1842.
- The Law of Insanity and Hospitals for the Insane in Massachusetts. 8vo. Boston, 1859.
- Statistics of Insanity in the United States. *Boston M. and S. J.*, 1842-3, xxvii, 116, 281.
- Insanity among the Coloured Population of the Free States. *Am. J. M. Sc.*, Phila., 1844, vii, 71-83. Also: Reprint. *Am. J. Insan.*, Utica, New York, 1851-2, viii, 268-82.
- Proper Provision for the Insane. Rep. Bd. Health, Mass. Boston, 1872, iii, 139-59. Also: Reprint.
- What shall we do with our Insane? *West. J. M. and S.*, Louisville, Ky., 1842, v, 81-125.
- Address delivered at the laying of the Corner Stone of the Insane Hospital at Northampton, Massachusetts. 8vo. Northampton, Mass., 1856.
- Criminal Insane; Insane Transgressors and Insane Convicts. 8vo. Utica, 1857.
- On the Proper Functions of Private Institutions or Homes for the Insane. *Am. J. Insan.*, Utica, New York, 1860-61, xvii, 19-31.
- Insanity and Insane Asylums. 8vo. Louisville, 1841.
- The Influence of Distance from, and Proximity to, an Insane Hospital on its Use by the People. *Boston M. and S. J.*, 1850, xlii, 209-22.
- Influence of Distance from, and Nearness to, an Insane Hospital on its Use by the People. *Am. J. Insan.*, Utica, New York, 1865-6, xxii, 361-406. Also: Reprint.
- JUSTROWITZ (M.) Der gegenwärtige Standpunkt der staatlichen Oberaufsicht über die Irren-Heil- u. Pflege-Anstalten in Preussen und Vorschläge zur Verbesserung derselben. *Verhändl. f. Gerichl. Med.*, Berlin, 1877, xxvi, 93, 327.
- Jefferson County Medical Society. The Condition of the Insane in County Infirmaries. *Tr. Ohio M. Soc.*, Cincin., 1865, 68-74.
- JENSEN. Rede zur Feier des 25-jährigen Bestehens der ostpreussischen Provinzialanstalt zu Allenberg. *Irrenfreund*, Heilbr., 1877, xix, 133-47.
- JESSEN (P.) Das Asyl Hornheim, die Behörden und das Publicum. *Hosp.-Tid.*, Kjöbenhavn., 1862, v, 177-89. Also: Reprint.

- JESSEN (W.) Gheel eine Colonie von Geisteskranken. *Deutsche Klinik*, Berlin, 1858, x, 186, etc.
- Jets over krankzinnigheid der gevangenen. *Geneesk. Courant*, Tiel, 1879, xxxiii, Nos. 29, 32, 33.
- JEWELL (J. S.) Practical Observations on the Management of Mental and Nervous Diseases. *Arch. Med.*, New York, 1881, v, 115-29.
- JOBERT (A.) Du projet de créer un établissement spécial d'aliénés en Algérie. *Bull. Soc. d. Sc. ... d'Alger*, 1868, v, 43-57, 1 pl. Also: *Gaz. méd. de l'Algérie*, Alger, 1868, xiii, 13, 61, 1 pl.
- JOIRE. Note sur la colonie agricole d'aliénés de Fitz-James (Oise). *Bull. méd. du Nord*, Lille, 1862, 2 s., iii, 52-62.
- (A.) Mémoire statistique sur l'asile d'aliénés de Lommelet près Lille. *Ann. d'hyg.*, Paris, 1852, xlvii, 325; xlviii, 93. Also: Reprint.
- JOLLY (F.) Ueber familiäre Irrenpflege in Schottland. *Arch. f. Psychiat.*, etc., Berlin, 1874, v, 164-88. Also, transl.: *J. Ment. Sc.*, London, 1875-6, xxi, 40-60.
- JONES (W. P.) The Necessities of the Insane in Tennessee. *Tr. M. Soc. Tennessee*, Nashville, 1876, xliii, 40-50.
- Adequate and Impartial Provision for the Insane in each of the other Divisions of State. *Ibid.*, 1877, xlv, 59-68.
- JORET. De la folie dans le régime pénitentiaire, depuis l'exécution de l'ordonnance ministérielle du 10 mai 1839, qui prescrit le silence absolu de jour et de nuit. *Mém. Acad. de méd.*, Paris, 1849, xiv, 319-407.
- JOVIN (F.) Une visite à l'asile de Pedro II à Rio de Janeiro (Brésil). *Ann. méd.-psych.*, Paris, 1880, 6 s., iii, 237-49.
- JULIEN (Stanislas, Aignan). Voyages des Pèlerins Buddhistes. 3 vols. 8°. Paris, 1853.
- JULIUS (N. H.) Die öffent. Irrenanstalten der Grafschaft Middlesex. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1855, xii, 75-92.
- JUNG. Die Entwicklung des Irrenwesens in Schlesien im allgemeinen und der Irrenheilanstalt Leubus im besonderen nebst statistischen Ergebnissen daraus und ihren Folgerungen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1881, xxxviii, 355-68.

K.

- KELLOG (A. O.) Notes of a Visit to some of the principal Hospitals for the Insane in Great Britain, France, and Germany, with Observations on the use of mechanical Restraint in the Treatment of the Insane. *Am. J. Insan.*, Utica, New York, 1868-9, xxv, 281-308. Also: Reprint.
- On the Duties and Responsibilities of General Practitioners towards Melancholics and Suicides. *Tr. M. Soc. N. Y.*, Albany, 1877, 298-305. Also: *Am. J. M. Sc.*, Phila., 1878, n. s., lxxv, 109-14.
- KELP. Irrenstatistik des Herzogthums Oldenburg. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1847, iv, 585-633, 1 ch. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1857, iv, 81.

KELP. Die Lage des französischen Irrenwesens. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1869, xvi, 326-28.

Kloster Blankenburg die oldenburgische Irrenbewahranstalt. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1848, v, 580-604.

Bericht über das Kloster Blankenburg im Grossherzogthum Oldenburg. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1854, i, 11-4.

— (L.) Die Grossherzoglich oldenburgische Heilanstalt zu Wehnen in ihrer ganzen Einrichtung. Nebst einem Anhang. 8°. Oldenburg, 1861.

Med. Statist., Berlin, über die Heilanstalt zu Wehnen umfassend den Ojährligen Zeitraum von 1861-6. 8°. Oldenburg, 1867.

Kensington House Private Asylum. An outline . . . for the Reception, Cure, and Care of Insane Ladies and Gentlemen. 8vo. London, 1837.

Kent Archaeological Society. *Archæologia Cantiana*. 8vo. London, 1858-89.

KENTUCKY, Insanity in. *Bost. M. and S. J.*, 1841, xxiv, 165-71.

KERRERT (J. J.) Das Irrenwesen auf Java. *Allg. Ztschr. Psych.*, etc., Berlin, 1877, xxxiv, 147-50.

KESSLER. Ueber Seelenstörung und Irrenanstalten. *Cor.-bl. d. allg. ärztl. Ver. v. Thüringen*, Weimar, 1878, vii, 146-50.

KESTEVEN (W. H.) Proposals for the Amendment of the Laws relating to Lunatics and Habitual Drunkards. *Med. Times and Gaz.*, London, 1885, i, 310-12.

KIEFFER (M. J.) Irren-Heilanstalten. 8°. München, 1847.

KIRKBRIDE (T. S.) On the Construction, Organisation, and general Arrangements of Hospitals for the Insane. With some remarks on Insanity and its Treatment. 8vo. Phila., 1880.

Remarks on the Construction and Arrangement of Hospitals for the Insane. *Am. J. M. Sc.*, Phila., 1847, n. s., xiii, 40-56, 2 pl. Also: Reprint.

Remarks on Cottages for certain classes of Patients, in connection with Hospitals for the Insane. *Am. J. Insan.*, Utica, New York, 1850-1, vii, 374, 1 pl.

Remarks on the Construction, Organisation, and general Arrangements of Hospitals for the Insane. *Ibid.*, 1854-5, xi, 1, 122, 1 pl. Also: Reprint.

Description of the Pleasure-grounds and Farm of the Pennsylvania Hospital for the Insane, with Remarks. *Ibid.*, 1847-8, iv, 347-54, 1 pl.

Pennsylvania Hospital for the Insane. Department for Males. *Ibid.*, 1863-4, xx, 453-73.

An Account of the Pennsylvania Hospital for the Insane, with Statistics and Remarks. *Am. J. M. Sc.*, Phila., 1842, n. s., iii, 373.

A Brief Account of the Pennsylvania Hospital for the Insane at Philadelphia; with a Description of its New Buildings. *Ibid.*, 1860, xxxix, n. s., 305-23, 2 pl.

An Alphabetical Index to the first forty Reports of the Pennsylvania Hospital for the Insane at Philadelphia. From 1841 to 1880.

- inclusive. In *Rep. Pennsylv. Hosp. Insane* 1831, Phila., 1832, 47-67.
- KERN (L.) Kurze Mittheilungen über Gefängniß-Psychosen. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1831, xxxvii, 713-23.
- KJELLBERG (N. G.) Nytt förslag till lag angående sinnessjuka. [Proposed Hospitals for Insane.] *Upsala Lakaref. Förh.*, 1879, xiv, 355-78.
- KLAATSCH. Bemerkungen über einige italienische Irrenanstalten. *Arch. f. med. Erfahr.*, Berlin, 1824, ii, 52-78.
- KLASEN (L.) Grundriss Vorbilder von Gebäuden aller Art, hergeg. von L. K. Irrenanstalten, pp. 393-408, Bl. 75, 76; with numerous figures in text. 4^o. Leipzig, 1832.
- KLEINER. Katechismus über die Nothwendigkeit und Möglichkeit einer radikalen Reform des Irrenwesens. 12^o. London, 1864.
- KLINGENMÜNSTER. Ueber die Kreisirrenanstalt zu Klingenmünster. *Arch. d. deutsch. Med.-Gesetzgebung u. off. Gendtschpflg.*, Erlang., 1858, ii, 49.
- KLOSE (F. A.) Uebersicht der Vorfälle und Leistungen der Heil- u. Verpflegungsanstalt zu Sonnenstein in den Jahren 1831 bis mit 1835. *Beitr. z. prakt. Heilk.*, Leipzig, 1836, iii, 131-42.
- KLOSTERNEUBURG. Der Landtagsbeschluss betreffend die Erbauung einer neuen Landesirrenanstalt für Niederösterreich. *Wien. med. Wochenschr.*, 1874, xxiv, 969-71.
- KNÖRKLIN (A.) Die Irren-Angelegenheiten Ober-Oesterreichs. Ein Vorwort zur Begründung einer Landes-Heilanstalt für Geistes- und Gemüthsranke. 8^o. Linz, 1851.
- Die k. k. Irrenanstalt zu Linz. *Med. Jahrb. d. k. k. österr. Staates*, Wien, 1843, xlii, 226, 345.
- Die Irrenfrage in Ober-Oesterreich. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1863, xx, 229-55.
- KOCH (J. L. A.) Die Irrenanstaltsberichte. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1882-3, xxxix, 202-8.
- Zur Statistik der Geisteskrankheiten in Württemberg und der Geisteskrankheiten überhaupt. 8^o. Stuttgart, 1878.
- Zur Zählung der Geisteskranken Württembergs. *Med. Corbl. d. württ. ärztl. Ver.*, Stuttg., 1875, xlv, 276, 283.
- KÖHLER (A.) Psychiatrische Reiseskizzen. [Gheel.] *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1870-1, xxvii, 144-62.
- KÖHLER (R.) Die Psychiatrie als Gegenstand des medicin. Unterrichtes in Deutschland, im besonderen in Württemberg. *Med. Corbl. d. württ. ärztl. Ver.*, Stuttg., 1862, xxxii, 289, 297.
- KOLLMANN (P.) Die geistesranke Bevölkerung im Grossh. Oldenburg nach der Ergebnissen der Volkszählung vom 1 December 1871. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1875, xxxii, 168-93.
- Ditto vom 1 December 1880 sowie in Vergleichung mit denen früheren Aufnahmen. *Ibid.*, 1883, xl, 481-542.
- KÖNIGSFELDEN. Heil- u. Pflgeanstalt Königsfelden. Nach den Angaben und unter der Leitung des Directors E. Schnaafelbuel entworfen und ausgeführt von C. Rothpletz. 8^o. Zürich, 1876.
- KORNFIELD. Einiges über Irrsinn der Gefangenen. *Friedrich's Bl. f. gerichtl. Med.*, Nürnberg, 1878, xxix, 81, 354.
- KOSTER und TIGGES. Geschichte und Statistik der westfälischen Provinzial-Irrenanstalt Marsberg mit Rücksicht auf die Statistik anderer Anstalten. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1867, xxiv, pp. i-xxiii; 1-475, 1 pl., 1 tab.
- KOVALERSKI (P. L.) Kratki ocherk psichiatricheskago otdelenija charkovsko gubernsko zemsko bolnitsi za 1879 g. [Transactions of Charkow's Psychic Asylum.] *Trach. Iaidom.*, St. Petersburg, 1880, v, 1193, 1213.
- Polojenie nashich aushevich bolnich. [Position of our Insane.] *Arch. psychiat., etc.*, Charkov, 1885, v, No. 1, 81-9.
- KRAFFT-EBING (R. von). Lo sviluppo e lo stato attuale dei provvedimenti relativi agli alienati in Austria. *Atti d. Cong. d. Soc. freniat. ital.*, Milano, 1883, iv, 93-99.
- Ueber Nutzen und Ausführbarkeit der eigenen Regie in österreichischen Irrenanstalten. *Jahrb. f. Psychiat.*, Wien, 1880, ii, 23.
- Ein Besuch in Gheel vom 27 bis 29 November 1866. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1867, xxiv, 665.
- KRAMER. Bemerkungen über einige Irrenanstalten in Frankreich. *Arch. f. med. Erfahr.*, Berlin, 1825, ii, 104-38.
- KRAUSE (W.) Die Irrencolonie Einum. *Ztschr. f. pract. Heilk.*, Hannov., 1865, ii, 1-6.
- KROON (T.) De Gheel-quaestie. *Nederl. Tijdschr. v. Geneesk.*, Amsterdam, 1861, v, 577.
- KUHN. Die 5 neuen Irrenanstalten in der Rheinprovinz und die Colonisationsfrage. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1873, xix, 68, 113.
- KUHNE. Kostenüberschlag einer neu zu erbauenden Irrenanstalt zu Königslutter für 152 Personen. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1861, viii, 30.
- L.
- L'Homicide commis par un aliéné. *Ann. d'hyg.*, Paris, 1835, xiv, 426-31.
- LABITTE (G.) De l'assistance des aliénés; mémoire lu à la société médico-psychologique le 30 janvier 1865. *Ann. m'd.-psych.*, Paris, 1865, 487-98. Also: Reprint.
- LACOUR (A.) Correspondance à propos de l'asile des aliénés de Sainte-Madeleine à Bourg. *Lyon méd.*, 1873, xlii, 188-95.
- LADOS. Les établissements d'aliénés et leur régime. *Bull. Soc. de méd. de Gand*, 1844, x, 394-411.
- LAHR. Ueber Feuerwehr-Einrichtungen in Irrenanstalten. *Allg. Ztschr. f. Psych., etc.*, Berlin, 1875, xxxii, 653.
- Ueber die Lage der Zimmer in Krankenhäusern für Psychisch-Kranke mit Bezug auf die der Isolirung bedürftigen Kranken. *Ibid.*, 1878, xxxv, 548-51.
- Ueber die Besuche in Heilanstalten für

- Psychisch.-Kranke von Seiten der Angehörigen. *Irrenfreund, Heilbr.*, 1877, xix, 10-15.
- Der neue Entwurf der italienischen Regierung betreffs der Ueberwachung und der Organisation ihrer öffentl. Irrenanstalten. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1876, xxxiii, 323.
- LAEHR (H.) Fortschritt? Rückschritt? Reform-Ideen des Dr. Griesinger auf dem Gebiete der Irrenheilkunde beleuchtet. 8°. Berlin, 1868.
- Die Heil-u. Pflegeanstalten für Psychisch.-Kranke in Deutschland, der Schweiz und den benachbarten deutschen Ländern. 8°. Berlin, 1875.
- Die Irrenheil-u. Pflegeanstalten Deutschland, Oesterreich und der Schweiz. 8°. Berlin, 1877.
- LAFITTE et BAUME. Les aliénés et la presse. *Ann. méd.-psych.*, Paris, 1870, 5 s., iii, 57-79.
- LAGARDELLE. Notes relatives à la loi sur les aliénés. *Gaz. hebdom. d. sc. méd. d. Bordeaux*, 1881, i, 849, etc.
- Laïcisation (La) des asiles d'aliénés devant le conseil général de la Seine. *Progrès méd.*, Paris, 1883, xi, 1023.
- LALLEMANT. Einige Nachrichten über die Verpflegung der Geisteskranken in Rio de Janeiro. *Wchnschr. f. d. ges. Heilk.*, Berlin, 1845, xi, 693, 719.
- LALOR (J.) Observations on the Size and Construction of Lunatic Asylums. *J. Ment. Sc.*, London, 1860-62, vii, 104-11.
- Abstract of a Report of Richmond District Lunatic Asylum, Dublin, Ireland. *Am. Psych. J.*, Phila., 1883, i, 113-22.
- LAMASTRE (de). Rapport sur le service médical de l'asile public d'aliénés de Bailleul (Nord) pour l'année 1870. *Ann. méd.-psych.*, Paris, 1871, 5 s., v, 345.
- LAMARQUE (A.-A.) *Essai sur l'hygiène des aliénés précédé d'une courte notice sur les aliénés, renfermés à l'hôpital général de Poitiers. 4°. Paris, 1820.
- LAMOTHE (L. de). Recherches historiques et statistiques sur les asiles d'aliénés de Bordeaux et de Cadillac, suivies de notes pour servir à la rédaction d'un programme général d'asile d'aliénés. 8°. Bordeaux, 1845.
- LANCASTER COUNTY. Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham, presented to the Court of Adjourned Annual Session holden at Preston. With the Accounts of the Receipts and Payments of the respective Treasurers of the said Asylums for the years 1873, 1874, 1876-80, 1883. 8vo. Preston, 1874-84.
- Lancet*. Report of the *Lancet* Commission on Lunatic Asylums. *Lancet*, London, 1875, ii, 816, etc. [See also, *supra*, Granville, J. M.]
- LANDENBERGER A.) *Die Irrenpflegeanstalt Zwiefalten und ihre Leistungen. 8°. Tübingen, 1863.
- Die neue württemb. Staats-Irrenanstalt (Schussenried). *Med. Cor.-bl. d. württemb. ärztl. Ver.*, Stuttg., 1875, xlv, 1-3, 1 map.
- Beiträge zur württemb. Irrenstatistik. *Ibid.*, 1865, xxxv, 73, 81.
- LANG. Medicinisch-topographische Skizze der Irrenanstalt Steiermarks zu Gratz. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1857, iv, 141.
- Übersicht der Krankenbewegung im Jahre 1863 in der Landes-irrenanstalt Steiermarks. *Ibid.*, 1866, xiii, 232-39.
- Mittheilung über die Irrenanstalt zu Graz vom Jahre 1859. *Spitals-Ztg.*, Wien, 1860, 253, 269.
- (D. A.) Medicinisch-topographische Skizze der k. k. Wiener-Irrenheilanstalt. *Med. Jahrb. d. k. k. österr. Staates*, Wien, 1847, lxi, 102, etc.
- LANGENHAGEN. Idiotenanstalt zu 1881. Beilagen zu dem fünften Verwaltungsberichte des Comité zur Errichtung von Erziehungs- und Pflegeanstalten für geistesschwache Kinder in der Provinz Hannover, umfassend die Jahre 1873 bis 1880. [n. p., n. d.]
- LANGLET. De l'admission provisoire des aliénés dans les hôpitaux et en particulier à l'Hôtel-Dieu de Reims. *Union méd. et scient. du nord-est*, Reims, 1878, ii, 206-10.
- LANSING (E. S.) The State: Its Rights and Demands concerning Insanity. *Am. Psych. J.*, Phila., 1883, i, 245-48.
- LASÈGUE (C.) De quelques établissements d'aliénés dans la Russie occidentale. *Ann. méd.-psych.*, Paris, 1848, xii, 54-67.
- LAURA (S.) La legislazione e le malattie mentali. *Gior. d. r. Accad. di med. di Torino*, 1867, 3 s., iii, 41, etc.
- LAUSSEDA. L'aliénation mentale et les asiles d'aliénés en Suisse. *Bull. Acad. roy. de méd. de Belg.*, Brux., 1874, 3 s., viii, 505-34.
- LAUTARD (J.-B.) La maison des fous de Marseille. Essai historique et statistique sur cet établissement depuis sa fondation en 1699 jusqu'en 1837. 8°. Marseille, 1840.
- LAVERSTOCK. Our Holiday at Laverstock House Asylum; how we visited Stonehenge, and what we learned there. 8vo. London, 1860.
- Law (The) and Theory of Insanity. *Brit. and For. Med.-Chir. Rev.*, London, 1854, xiii, 76-93.
- as to the Commitment of the Insane in Illinois. [Edit.] *Chicago M. J. and Exam.*, 1879, xxxviii, 206.
- LECKY (W. E. H.) History of European Morals. 3rd ed. 2 vols. 8vo. London, 1877.
- LEDESMA. Consideraciones etiológicas sobre la enagenación mental en Lima. *Gac. méd. de Lima*, 1865-6, x, 116, etc.
- LEE (C. A.) On the Provision for the Insane Poor of the State of New York, and the Adaptation of the "Asylum and Cottage Plan" to their Wants, as illustrated by the History of the Colony of FitzJames, at Clermont, France. 8vo. Albany, 1866.
- Also: *Trans. M. Soc. New York*, Albany, 1866, 156.
- Report on Insanity. *Tr. Am. M. Soc.*, Phila., 1868, xix, 161-88. Also: Reprint Legislation regarding the Insane Poor in France. *Buffalo M. J.*, 1849-50, v, 514-24.
- LEECH (J.) Suggestions on the Law of

- Lunacy and Lunatic Asylums. 2nd ed. With an Appendix, containing Details of the Origin and Progress of the Lunatic Asylum Reform Movement; copy of Schedule for Admission of Patients; Case of Feargus O'Connor, Esq., M.P. 8vo. London and Glasgow, 1852.
- Suggestions on the Law of Lunacy, with copies of documents therein referred to. 2nd ed. 8vo. Glasgow, 1852.
- Further Suggestions on the Law of Lunacy. . . . Abuses and Imperfections of the Law of Lunacy, from the *Reformer's Gazette*; and Letter from John Perceval. 8vo. Glasgow, 1853.
- LEEUEWEN (D.-H. van). Rapport sur la fondation, la construction et l'organisation des meilleurs asiles d'aliénés en France et ailleurs, présenté au comité des états de l'île de Jersey. 8°. Jersey, 1853.
- LEFEBVRE-DURUFLÉ. Rapport présenté au conseil général du département de l'Eure, au nom de la commission des aliénés. 8°. Evreux, 1839.
- LEGOYT. Statistique des établissements d'aliénés de France de 1842 à 1843 inclusivement. *Ann. d'hyg.*, Paris, 1850. 2 s., xi, 197-200.
- et MOTET (A.) Statistique générale des aliénés de 1854 à 1866. *Ann. d'hyg.*, Paris, 1867, 2 s., xxvii, 101-212.
- LEGRAND DU SAULLE. Des projets relatifs à la construction prochaine d'hôpitaux d'aliénés. *Gaz. d. hôp.*, Paris, 1861, xxxiv, 573.
- LEHMANN. Vortrag über die neue Bernische Kantonal- Irrenheil- und Pflegeanstalt Waldau bei Bern. *Schweiz. Ztschr. f. Med. Chir. u. Geburtsh.*, Zürich, 1855, xi, 351.
- LEIDESDORF (M.) Bericht über die Döbbling Privatirrenanstalt seit deren Uebernahme durch die gegenwärtige Direction. *Oesterr. Ztschr. f. prakt. Heilk.*, Wien, 1863, ix, 153-58.
- Ueber den heutigen Standpunkt der öffentl. Irrenpflege. *Wien. med. Wehnschr.*, 1867, xvii, 86, 102, etc. Also [Abstr.]: *Wehnl. d. k. k. Gesellsch. d. Aerzte in Wien*, 1867, vii, 31. Also [Abstr.]: *Allg. Wien. med. Ztg.*, 1867, xii, 5.
- Ueber gefährliche Geisteskranke. *Psychiat. Centralbl.*, Wien, 1871, i, 51-6. Also: *Oesterr. Ztschr. f. prakt. Heilk.*, Wien, 1871, xvii, 325, 341.
- Vorschläge zur Verbesserung einiger Punkte der oesterreichischen Irrengesetzgebung. *Wien. med. Wehnschr.*, 1872, xxii, 1280, 1301.
- LÉLUT (F.) Folie pénitentiaire. De l'influence de l'emprisonnement cellulaire sur la raison des détenus. 8°. Paris, 1844.
- LEMOINE (A.) L'aliéné devant la philosophie, la morale et la société. 2 éd. 8°. Paris, 1865.
- LEMONNIER (C.) *Essai sur les modifications à apporter à la loi de 1838 à l'égard des aliénés criminels.* 4°. Paris, 1884.
- LENOIR (P.) Considérations générales sur la construction et l'organisation des asiles d'aliénés. Roy. 8vo. Paris, 1859.
- LENTZ. Une colonie d'aliénés. *J. de méd. chir. et pharmacol.*, Brux., 1869, xlix, 217, 467, 591. Also: Reprint.
- (F.) Des causes de l'encombrement toujours croissant des asiles d'aliénés et des remèdes à y apporter. *Ann. Soc. de méd. de Gand.*, 1871, xlix, 37-204.
- LEPPMANN. Ueber die Irrenversorgung der Stadt Breslau. *Jahresb. d. schles. Gesellsch. f. vaterl. Kult.* 1882, Breslau, 1883, lx, 110-17.
- LESSING. Bericht über die Heilpflege in der königlichen Irrenanstalt Sonnenstein vom Jahre 1892. *Ztschr. f. Med. Chir. u. Geburtsh.*, Leipzig, 1893, n. F., ii, pp. xxxv-xlviii.
- LETCHEWORTH (W. P.) The Insane in Foreign Countries. 8vo. London, 1839.
- Letter (A) to the Right Honourable the Lord Chancellor on the present state of the Law of Lunacy, with suggestions for its amendment. By a Barrister of the Inner Temple. 8vo. London, 1838.
- LEUBUS. Die Irrenheilanstalt Leubus in Schlesien in den Jahren 1870-72. *Irrenfreund*, Heilbr., 1875, xvii, 17-25.
- LEUPOLDT (J. M.) Ueber wohlthätige Irrenanstalten, ihre Beziehung zu Strafund Zwangs-Arbeitsanstalten einerseits und zu medicinischen Lehranstalten andererseits; sowie über einige wichtige Beziehungen der psychischen Heilkunde zur gesammten Medicin. 8°. Erlangen, 1824.
- LEURET. Notice sur quelques-uns des établissements de bienfaisance du nord de l'Allemagne et de Saint-Petersbourg. *Ann. d'hyg.*, Paris, 1838, xx, 346-406.
- Quelques observations sur la statistique des aliénés en France. *Ibid.*, 1844, xxxi, 444-49.
- Aliénés détenus en prison. *Ibid.*, 1834, xii, 490-63.
- Sur la nécessité de séquestrer de bonne heure les aliénés dangereux. *Ibid.*, 1840, xxiv, 360.
- LIEDHOLM (J. F.) Rapport om Wexjö Hospital år 1858, afgifven till K. Serafimer-Ordens-Gillet. *Hygiea*, Stockholm, 1860, xxii, 129-72.
- LIEGEY. Un mot sur le régime familial des aliénés dans les Vosges. *Union méd.*, Paris, 1864, 2 s., xxiv, 203.
- Note relative aux aliénés dangereux. *J. de méd. chir. et pharmacol.*, Brux., 1880, lxx, 239-48. Also: Reprint.
- LILLE. Statistique administrative et médicale de l'asile public des aliénés de Lille, pour les années 1847-51. 8°. Lille, 1852.
- LIMA. Hospicio de insanos; movimiento de su poblacion en 1860; estadística mental. *Gac. méd. de Lima*, 1860-61, v, 251-63.
- LINDENHOF. Asyl Lindenhof, Station Coswig bei Dresden. Heil- und Pflegeanstalt für Nerven- und Gemüthsranke beiderlei Geschlechts. Prospectus des Directors, Dr. O. J. B. Wolff-Dent, Juli 1874. 4°. Schwerin. [n. d.]
- LINDPAINTNER. Nachrichten über die Irrenanstalt zu Eberbach im Rheingau, von ihrer Begründung an bis zum Schlusse des Jahres 1812. *Med. Jahrb. f. d. Herzogth. Nassau*, Wiesb., 1845, iii, 1-60.

- LINDSAY (W. L.) Suggestions for the proper supervision of the Insane and of Lunatic Asylums in the British Colonies. *Brit. and For. M.-Chir. Rev.*, London, 1869, xlii, 480-94.
- On Insanity and Lunatic Asylums in Norway. *J. Psych. M.*, London, 1858, xi, 246. Also: Reprint.
- The Family System as applied to the Treatment of the Chronic Insane. *J. Ment. Sc.*, London, 1870-1, xvi, 497-527.
- Lunacy Legislation in New Zealand. *Ibid.*, 1873, xviii, 498-521.
- Tables illustrative of the practice of British Hospitals for the Insane, as regards the Superannuation of all Classes of Officers and Servants. 8vo. London, 1875.
- On Insanity and Lunatic Asylums in Norway. *J. Psych. Med.*, London, 1858, xi, 246-95.
- American Hospitals for the Insane compared with those of Britain. *Edinb. M. J.*, 1870-71, xvi, 517-28.
- Colonial Lunacy Boards, with special reference to New Zealand. *Ibid.*, 1871-2, xvii, 807, 909.
- LION (M. E.) Iz jizni domov umalishonich zagranitse: bibliogr. nabroski. [Life in Insane Asylums in Foreign Countries.] *Arch. psychiat.*, etc., Charkov, 1884, iii, No. 1, 59-93.
- Ditto . . . ; soedinennie stati Ameriki. [Insane Asylums in North America.] *Ibid.*, 1885, v, No. 1, 32-80.
- Zemledielch kolonii dlja dushernobolnich. [Agricultural Colonies for the Insane.] *Ibid.*, 1883, i, No. 2, 103-21.
- LISBON. Relatório ácerca dos regulamentos, porque se deve dirigir o estabelecimento de Rilhafolles. *J. Soc. d. sc. med. de Lisb.*, 1850, 2 s., vii, 288-330.
- Relatório e analyse chymica das aguas, do poco e das aguas livres, existentes na Quinta do Hospital d'Alienados em Rilhafolles. *Ibid.*, 1853, 2 s., xii, 34, 1 tab.
- Tabela synoptica das enfermarias no Hospital real e nacional de S. José em setembro de 1846. *Ibid.*, 1847, 2 s., i, opp. p. 150.
- LISLE (E.) De la translation des aliénés de la Seine dans les asiles départementaux. *Union méd.*, Paris, 1862, 2 s., xv, 169.
- Examen médical et administratif de la loi du 30 juin 1838 sur les aliénés. *Ann. méd.-psych.*, Paris, 1847, x, 402-46.
- LITVINOV (M. P.) S.-Peterburgskii Gorodskoi Priute dlja pervonachalnago prizrenija dushevno-bolnich 1879 g. [Asylum for Temporary Support of the Insane.] *Zdorovje*, St. Petersburg, 1882, ix, 197, 320.
- LIVI (C.) Parole dette nella solenne distribuzione de' premi agli alunni del manicomio di S. Niccolò di Siena. 8°. Firenze, 1858. Reprint from *Tempo*, *Gior. di med., chir. e sc. affini*, anno 1, fascicolo xii, dicembre.
- Del vecchio e del nuovo manicomio di San Niccolò di Siena. *Arch. ital. per le mal. nerv.*, Milano, 1865, ii, 238-50, 2 pl.
- LIVINGSTON (A. T.) Suggestions regarding Legislation for the Benefit and Protection of the Insane. *Tr. M. Soc. Penn.*, Phila., 1882, xiv, 141.
- LA LOGGIA (G.) Sulla riforma materiale e morale da adottarsi pel manicomio di Palermo e sull' indirizzo da darsi agli studj psichiatrici. 8°. Palermo. [1870.]
- Loi sur les aliénés du 30 juin 1838. *J. de méd. ment.*, Paris, 1861, i, 25-32.
- LOMBROSO (C.) La nuova proposta di legge sui manicomi criminali. *Arch. di psychiat.*, etc., Torino, 1881, ii, 184-97.
- e BIANCHI. Misdea. *Arch. di psychiat.*, etc., Torino, 1884, v, 381-402.
- LONDON. The New Metropolitan Asylums. *J. Ment. Sc.*, London, 1871-2, xvii, 356-64.
- LORD (H. W.) Hospitals and Asylums for the Insane; shall we distinguish between them and provide asylums at less expense? *Proc. Conf. Char.*, Boston, 1879, vi, 83-94.
- LOSTRITTO (G.) Sommario de' risultanzi statistici ottenuti nelle reali case de' matti di Aversa nel decennio compreso tra il 1 gennaio 1814 al 31 dicembre 1823. *Ann. univ. di med.*, Milano, 1827, xlii, 419-23.
- LOWE (Louisa.) The Bastilles of England; or, the Lunacy Laws at Work. vol. 1. 8vo. London, 1838.
- LÖWENHARDT. Die Zahlung der Geisteskranken im Grossherzogthum Mecklenburg-Schwerin im Jahre 1865. 8°. Berlin, 1866.
- LÖWENHAYN. Ueber die Irrenanstalten in Holland. *Arch. f. Psychol.*, Heildelb., 1834, 2 Hft., 105-210.
- LUCKE. Die Irrenanstalt zu Lübeck in ihrer Neugestaltung. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwid, 1859, vi, 07-70.
- Lunacy Law Reform Association. First Report. 8vo. London, 1874.
- Lunacy (The) Laws. [Two Letters to the Editor of the *London Mirror*, on the System of Incarceration for Alleged Lunacy.] Broadside fol. [n. p., n. d.] Repr. from *London Mirror*, 1874, xxiv.
- Lunacy (The) Laws. *J. Psych. M.*, London, 1879, n. s., v, 235-47.
- Lunacy Reform. *Boston M. and S. J.*, 1879, ci, 167.
- Lunacy Law Reform. *Brit. M. J.*, London, 1879, i, 24, etc. *J. Psych. M.*, London, 1881, n. s., vii, 78-82.
- Lunacy Reform in Great Britain. [Edit.] *Med.-Leg. J.*, New York, 1884-5, ii, 480-94.
- LUNIER (L.) De l'aliénation mentale en Suisse étudiée au triple point de vue de la législation, la statistique, du traitement et de l'assistance. *Ann. méd.-psych.*, Paris, 1867, 4 s., x, i, 233, etc.
- Das Irrenwesen in der Schweiz. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1868, xvi, 804, etc.
- Des aliénés dangereux étudiés au triple point de vue clinique administratif et médico-légal. *Ann. méd.-psych.*, Paris, 1869, 5 s., ii, 169.
- Les placements volontaires dans les asiles d'aliénés; étude sur la législation française et étrangère. *Ibid.*, 1868, 4 s., xii, 83-108.
- LUTHER (D.) The extent to which the State should assume the Care of the Indigent Insane. *Proc. Confer. Char.*, Boston, 1878, v, 90-101.
- LUTZ (X.) Ueber Irrencolonien im Allge-

- meinen und über unsere Colonie "Freihof" im Besonderen. Priv.-Irrenanst. "Christophsbad" in Göppingen 1877-82, Stuttgart, 1883, ii, 57-69.
- LUYS. Le nouveau projet de loi sur les aliénés devant l'Académie de médecine. *Tribune méd.*, Paris, 1884, xvi, 73.
- M.
- M. Los manicomios. *Rev. méd.-quir.*, Buenos Aires, 1879-80, xvi, 429-33.
- MCBRIDE (T. A.) et al. Provisional Report of the New York Neurological Society, relative to the subject of Insane Asylum abuses. *Neurol. Contrib.*, New York, 1880, i, No. 2, 26-8.
- MACCABRUNI (U.) Osservazioni intorno alla rivaccinazione dei pazzi. *Arch. di psichiat.*, etc., Torino, 1881, ii, 466-72.
- MCCORMAC (H.) On the Management of Asylums for the Insane. *Dublin M. Press*, 1862, xlvii, 70-2.
- Metanoia; a Plea for the Insane. *Dublin M. Press*, 1861, xlv, 191-4. Also: Reprint. Also: *Med. Critic. and Psych. J.*, London, 1861, i, 262-71.
- MC'REERY (J. V.) The Scotch system of Boarding-out Lunatics. *Austral. M. J.*, Melb., 1883, n. s., v, 433-6.
- MACCRINDLE (J. W.) Ancient India, as described by Ptolemy. 8vo. [n. p.] 1885.
- MACDONALD (A. E.) The Practical Working of the New Lunacy Statutes. *Psych. and Med.-Leg. J.*, New York, 1875, n. s., ii, 146-53. [Discussion], 154-74.
- MACDONALD (J.) Statistics of the Bloomingdale Asylum for the Insane. *New York J. M. and S.*, 1839, i, 307-43.
- MACFADYEN (J.) On Medical Topography as connected with the choice of a Site for a Lunatic Asylum in a tropical country. *Edinb. M. and S. J.*, 1849, lxxi, 114.
- McFARLAND (A.) Asylums for the Insane. *St. Louis M. and S. J.*, 1875, n. s., xii, 516-21.
- The Better Way, or Considerations upon the Natural System of Providing for the Treatment of the Insane. *St. Louis M. and S. J.*, 1872, ix, 169, etc.
- (G. C.) Management of the Insane. *Chicago M. J.*, 1862, xix, 128-30.
- M'GUGIN (D. L.) The Insane of Iowa. *Iowa M. J.*, Keokuk, 1853, i, 65-71.
- MACINTOSH (W. C.) Notes on Asylums and the Insane in France and Belgium. *J. Ment. Sc.*, London, 1862-3, viii, 1-36. Also: Reprint.
- Stray Notes on Foreign Asylums, etc. *Ibid.*, 1864-5, x, 1-20, 1 pl. Also: Reprint.
- MACLEOD (W.) Annual Reports for the years 1869-77. *Statist. Rep. Health Navy*, 1869, London, 1871, 219, etc.
- Remarks on Insanity in the Royal Navy; and an Account of the Arrangements in the Royal Naval Lunatic Asylum, Great Yarmouth, for the Treatment of Officers, Marines, and Seamen. Also: An Analysis of Patients received in 1867, and a Summary of Physical Disease for the same year. *Ibid.* (1866), 1868 (App.), 106-32.
- MACPHERSON (J.) Report on Insanity among Europeans in Bengal, founded upon the Experience of the Calcutta Lunatic Asylum. *Indian Ann. M. Sc.*, Calcutta, 1853-4, i, 691-705.
- MADDEN (R. R.) Description of the Lunatic Asylum at Cairo. *Lond. M. Gaz.*, 1829-30, v, 722-24. Also: *Boston M. and S. J.*, 1830-31, iii, 185-88.
- (T. M.) On the Increase of Insanity, with Suggestions for the Reform of Lunacy Law and Practice. *Dublin J. M. Sc.*, 1884, 3 s., lxxviii, 303-14. Also: *Med. Press and Circ.*, London, 1884, n. s., xxxvii, 463-87.
- MÄDER (F. E.) Mittheil. ü. d. Herzogl. Sachsen - Altenburgische Irrenheil- und Pflege-Anstalt "Genesungshaus zu Roda". *Allg. Z. f. Psychiat.*, etc., Berlin, 1856, xiii, 231-36.
- MAES (C.-P.-J.) Considérations sur les maisons d'aliénés en Belgique. 8°. Bruges, 1845.
- MAESTRI (F.) Maniaque accusé d'assassinat devant la section criminelle du tribunal de Parme, du 21 mai 1831. *Ann. d'hyg.*, Paris, 1834, xii, 127-38.
- MAHIR (O.) Ueber Irrenheilanstalten, Pflege und Behandlung der Geisteskranken nach den Principien der bewährtesten Irrenärzte Belgiens, Englands, Frankreichs, und Deutschlands. 8°. Stuttgart u. Tübingen, 1846.
- Maintenance (The) of Lunatics. *Brit. M. J.*, London, 1874, i, 589.
- MAJER (C.) Statistik der bayerisch. Kreis-irrenanstalten. *Aerztl. Int.-bl.*, München, 1880, xxvii, 45, 61.
- (C. F.) Studien zur Statistik der Irren im Königreiche Bayern. *Zeitschr. f. d. Staatsarznk.*, Erlang., 1864, lxxxvii, 187-231.
- MAJOR (H. W.) Oversigt over Oslo Sindsyge-Afdelings Virksomhed i Tidsrummet fra 1847 til 1852. *Norsk. Mag. f. Laegevidensk.*, Christ., 1854, viii, 26-59.
- MAKUNA (M. D.) Reforms in Public Lunatic Asylums. *Midland M. Misc.*, Leicester, 1883, ii, 328-30.
- Management of the Insane. A series of Articles published in the *Northern Christian Advocate*, Syracuse, New York, Feb. 19 and 26, and March 5 and 12, 1874. 8vo. [Syracuse, 1874.]
- Management of the Insane. *J. Ment. and Nerv. Dis.*, Chicago, 1879, n. s., iv, 341-47.
- MANX (E. C.) Insanity in the Middle States of America. *J. Psych. M.*, London, 1877, n. s., iii, 232. Also: *Country Pract.*, Beverley, N. J., 1879-80, i, 10-18. Also: Reprint.
- Codification of the Common Law as to Insanity. *Alienist and Neurol.*, St. Paul, 1881, ii, 589-99. Also: *J. Psych. Med.*, London, 1881, n. s., vii, 211-15. Also: Reprint.
- The Necessity of State Asylums for the Chronic Insane. *New York M. J.*, 1876, xxiii, 264-69.
- A Plea for Lunacy Reform. *Med.-Leg. J.*, New York, 1883-4, i, 158-73.

- MANNING (F. N.) Statistics of Insanity in Australia. *J. Ment. Sc.*, London, 1879-80, n. s., xxv, 165-77.
- (N.) Asile d'état pour les criminels à Broadmoor. Traduit par M. Möring. *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 317-27.
- (P. N.) Chinese Lunatics. *J. Ment. Sc.*, London, 1875-6, xxi, 87.
- MANSFELD. Einiges über die Wirksamkeit barmherziger Schwestern in Irrenanstalten. *Ztschr. f. d. ges. Med.*, Hamb., 1843, xxiv, 310-21.
- Statistik der Irrenanstalt zu Braunschweig in den Jahren 1858-60. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1859, ii, 174; 1860, iii, 48.
- Irrenstatistik des Herzogthums Braunschweig. *Ztschr. f. d. ges. Medicin*, Hamb., 1844, xxv, 13, 28.
- Ueber die neu zu erbauende Irrenanstalt im Herzogthum Braunschweig. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1860, vii, 81-91.
- Irrenstatistik des Herzogthums Braunschweig. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1853, x, 589-604.
- MARCEL (J.-J.) Précis historique et descriptif sur le "Môristan" ou le grand hôpital des fous du Kaire. 8°. Paris, 1833.
- MARCHANT (G.) Note sur l'état des aliénés en Portugal, à Madère et à Ténériffe. *Ann. méd. psych.*, Paris, 1844, iii, 363-91, 1 ch.
- Asile public d'aliénés de Toulouse, rapport médical pour l'année 1868. *Rev. méd. de Toulouse*, 1870, iv, 82-9.
- La législation russe sur les aliénés. *Ann. méd.-psych.*, Paris, 1882, 6 s., viii, 81-97. Also [transl.]: *Boll. d. priv. manic. Riccardi*, Napoli, 1882, viii, 115-18.
- MARCHER (J. K.) *Diss sistens nosocomii yasanorum Sti. Johannis in Selandia Daniæ delineationem. 8°. Halis Sax., 1828.
- MARESCHE (M.) Zur Auffassung des Irrenthumes. *Wchnbl. d. k. k. Gesellsch. d. Aerzte in Wien.*, 1866, xxii, 437, 445.
- MARTINI. Generalstatistische Uebersicht der Irrenheilanstalt zu Leubus. *Allg. Z. f. Psychiat.*, etc., Berlin, 1855, xii, 647-50.
- Zustand des Irrenwesens in der Provinz Schlesien im Jahre 1852. *Ibid.*, 1855, xii, 425-39.
- MARYLAND. Report of the Commissioners authorised [by the General Assembly of Maryland] to build a Hospital for Insane Persons. [Signed by R. S. Stewart, chairman.] 8vo. Baltimore, 1853.
- Report of the Commissioners of the Maryland State Lunatic Asylum, January, 1858. [Signed R. S. Stewart, chairman.] 8vo. Baltimore, 1853.
- Acts of the General Assembly of Maryland relating to the Maryland Insane Asylum, at Spring Grove, near Catonsville, Baltimore County, and a Digest of the Decisions on Insanity in the Maryland Reports, etc. 8vo. Baltimore, 1863.
- Report of the Committee on the part of the House of Delegates, appointed to visit and inspect the present condition of the Maryland Hospital. 8vo. [n. p., n. d.]
- MASOIN (E.) Les réformes dans la situation des aliénés. 8v. Braine-le-Comte, 1872. Reprint from *Rev. gén.*, 1872, June-July.
- MASSACHUSETTS. Abstract of the Returns from the several Towns, Jails, and Houses of Correction in this Commonwealth, concerning the condition of Pauper Idiots and Lunatics in Almshouses, Jails, etc., for the year ending January 1, 1843. 8vo. Boston, 1843.
- Report of the Joint Committee of the Legislature of M. . . on the Subject of Insanity in the State. 8vo. Boston, 1849.
- Report on Insanity and Idiocy in M. . . 8vo. Boston, 1855.
- Report of Commissioners appointed to make certain Investigations of the Subject of Insanity . . . [Boston, 1864.]
- Report of the Commissioners of Lunacy to the Commonwealth of M. . . 8vo. Boston, 1875.
- Report of Commissioners appointed to superintend the Erection of a Lunatic Hospital at Worcester, Mass., and to Report a System of Discipline and Government for the same. 8vo. Boston, 1832.
- An Act relating to the State Lunatic Hospital at Worcester, Mass. 8vo. [Boston, 1837.]
- A Bill to remedy the evils of Insane Asylums . . . 8vo. [n. p., n. d.]
- An Act concerning Idiots and the Idiot School. Broadside. [n. p., n. d.]
- An Act concerning the Mass. School for Idiotic and Feeble-minded Youth, Boston. Laws and Resolves, 1883. [Chap. 239.] 8vo. [Boston, 1883.]
- Ditto, Commonwealth of Mass. Senate, No. 185. Ap. 1883. 8vo. [Boston, 1883.]
- MASSARI (C.) Rapporto statistico-medico dodicennale 1840-51 sulla casa de' pazzi in S. Margherita di Perugia. 8°. Perugia, 1852.
- MASSIE (W.) Report on Insanity. *Tr. Illinois M. Soc.*, Chicago, 1875, xxv, 31-45.
- MASY (H.) Du danger de permettre aux curieux l'entrée des établissements d'aliénés. *J. de méd. chir. et pharmacol.*, Brux., 1884, lxxviii, 24-8.
- MAUDSLEY (H.) Middle-class Hospitals for the Insane. *J. Ment. Sc.*, London, 1862-3, viii, 356-63.
- MEAD (E.) The Management of the Insane; the Status of the American Method: [summary.] *Boston M. and S. J.*, 1880, ciii, 424-26.
- MECKLENBURG-SCHWERIN. Statistische Nachweisungen über die beiden Grossherzogth. Irrenanstalten in Mecklenburg-Schwerin [Heilanstalt Sachsenberg, und Pflege-Anstalt zu Donitz] aus den Jahren 1854-61. Roy. 8vo. Schwerin, 1856-62.
- MEDICAL (THE) Government of Lunatic Asylums. *Med. Times and Gaz.*, London, 1877, i, 420-22.
- Medical Press and Circular. Special Commissioner's Report on Private Lunatic Asylums. *Med. Press and Circ.*, London, 1880, n. s., xxx, 91, etc.
- Medical Society of the State of New York. Report on the Condition of the Insane

- Poor in the County Poorhouses of New York. . . . 8vo. Albany, 1865.
- Medical Society of the State of Pennsylvania, Memorial of. *Tr. M. Soc., Penn., Phila.*, 1868, 5 s., i, 30-7.
- Memorial [in favour of a Hospital for the Insane]. *Ibid.*, 1876, xi, pt. 1, 56-63.
- Medical Society of Pennsylvania. Memorial [to the Legislature, for the Proper Treatment, and the Separation of Insane Criminals from Criminals who become Insane]. 8vo. [Phila., 1873 (?).]
- "MEDICO-PSYCHOLOGICUS." The Treatment of Lunatics; a reply to the *Lancet* annotation of January 22, 1870. 8vo. London, 1870.
- "MEDICUS." A Short Letter to a Noble Lord on the present state of Lunatic Asylums of Great Britain. 8vo. Edin., 1806.
- MELBOURNE. Charge of illegally keeping a Lunatic Asylum. *Austral. M. J.*, Melbourne, 1877, xxii, 86-8.
- Die Irrenanstalt zu Melbourne. *Allg. Z. f. Psychiat., etc.*, Berlin, 1867, xxiv, 808-20, 1 pl.
- MELDAHL (F.) Den nye Idiotanstalt paa Bakkehøuset ved Kjøbenhavn. *Hyg. Medd.*, Kjøbenhavn, 1860, iii, pt. 1, 57-69.
- MELENDEZ (L.) Los manicomios de la provincia de Buenos Aires. *Rev. méd.-quir.*, Buenos Aires, 1879-80, xvi, 301, etc.
- Memorials of Judges, Inspectors, Wardens, Physicians, and Philanthropists, approving the recommendations of the Board of Public Charities, in behalf of the Insane in the Prisons and Poorhouses of Pennsylvania. 8vo. Philadelphia, 1874.
- MENANT (LE) DES CHESNAIS. Des asiles d'aliénés. *Ann. méd.-psych.*, Paris, 1867, 4 s., x, 61-72.
- MENCUCCI (G. B.) Del manicomio Anconitano in 1865-70; tavole statistiche illustrate. 8°. Ancona, 1868-71.
- MEDEL (E.) Die Irrenverhältnisse Englands und Preussens. *Arch. f. Psychiat.*, Berlin, 1873-4, iv, 624-49.
- Ueber Aufnahmebedingungen in Privatirrenanstalten. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1881, xxxvii, 563-70.
- Zur Frage über die Unterbringung geisteskranker Strafgefangener. *Vrtljhrsch. f. gerichtl. u. öff. Med.*, Berlin, 1862, xxii, 297-311.
- Der Entwurf eines Gesetzes über das Vormundschaftswesen. *Vrtljhrsch. f. gerichtl. Med.*, Berlin, 1874, n. F., xx, 254-64.
- MÉRIER. Rapport sur le service médical de l'asile des aliénés de Saint-Dizier pour l'année 1850. *Ann. méd.-psych.*, Paris, 1852, iv, 311-15.
- MERZIG ASYLUM. *Vide* L. Klasen, *Grundriss Vorbilder*, p. 404, fig. 283.
- MESCHÉDE. Ueber Einrichtung getrennter Irren-Heil- und Pflege-Anstalten. *Tagebl. d. Versamm. deutsch. Naturf. u. Aerzte*, Magdeb., 1884, lviii, 357-59.
- METCALF (U.) The interior of Bethlehem Hospital; humbly addressed to his Royal Highness the Duke of Sussex, and to the other Governors. 8vo. London [1818].
- MITMAN (M. L.) Wetgeving op de krankzinnigen, bevattende: 1°. De Fransche wet van 30 Junij 1838, sur les aliénés, . . . 2°. De wet van Genève, d. d. 5 Februarij 1838, . . . en 3°. Gedachten, over het ontwerp van wet, houdende bepalingen over de gestichten voor krankzinnigen. . . . 8°. 's Gravenhage, 1841.
- Metropolitan (The New) Asylums. *J. Ment. Sc.*, London, 1871-2, xvii, 356-64.
- MEYER (C. F.) Ueber ein öffentlich. Gebrechen in der Irrenheilpflege. *Allg. Z. f. Psychiat., etc.*, Berlin, 1850, vii, 479-83.
- MEYER (L.) Ueber die Lage der öffentlichen Irrenpflege in Hannover, mit besonderer Beziehung zu der projektirten Irrencolonie des Herrn Dr. Seebohm zu Königshof bei Münden in Hannover. *Arch. f. Psychiat.*, Berlin, 1866, ii, 1-28.
- Das ärztliche System der Marburger Irrenanstalt. *Ibid.*, 1876, vii, 221-30.
- MEYER-AHKENS. Statistik der Irren und Taubstummten im Canton Tessin. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1855, ii, 137.
- MICHAELIS (C. F.) Ueber die Irrenanstalt der Quäker bei York, genannt "The Retreat". *Arch. f. Psychol.*, Heidelb., 1834, i, 211-21.
- MICHIGAN. Report of the Building Commissioner. i. From the Establishment of the Asylum in 1848. . . . ii. From its Commitment to a distinct Board of Trustees. . . . iii. From its Organisation to the present time. 8vo. Lansing, 1866.
- History and Description of the Michigan Asylum for the Insane. *Am. J. Insan.*, Utica, New York, 1856-7, xiii, 291-305, 1 pl.
- MIGNOT. Considérations sur le traitement des aliénés, au sein de leurs familles. *Soc. de Sc. méd. de Gannat. Compte-rendu*, 1873, xxvii, 60-72.
- MILAN. Della necessità di aprire un nuovo manicomio, abbandono an do la Senavra. *Gazz. med. ital. lomb.*, Milano, 1853, 3 s., iv, 269-73.
- MILL (James). History of British India. 9 vols. 8vo. London, 1840-8.
- MILLAR (J.) A Plea in Favour of the Insane Poor. 8vo. London, 1859.
- MILLARD (S.) County Lunatic Asylums and Private Licensed Houses. *Lancet*, London, 1839-40, ii, 44-6.
- MILLET (A.-A.) *Coup d'œil historique et médical sur Bicêtre (maison d'aliénés). 4°. Paris, 1842.
- MILLINGEN (J. G.) Aphorisms on the Treatment and Management of the Insane; with Considerations on Public and Private Lunatic Asylums, pointing out the errors in the present system. 8vo. Phila., 1842.
- MILLMAN (T.) Admission of Lunatics into Asylums. *Canada Lancet*, Toronto, 1880-81, xiii, 33-7.
- MILLS (C. K.) The Medical Service of Insane Hospitals. *Tr. M. Soc. Penn.*, Phila., 1883, xv, 283-86.
- MIRAGLIA (B. G.) Movimento dei pazzi del manicomio di Aversa dal 1813 a tutto il 1869. *Arch. ital. per le mal. nerv.*, Milano, 1871, viii, 123-26, 1 tab.
- Il nuovo manicomio provinciale di Napoli nell' edificio di S. Francesco Salles, ed i

- principi fondamentali per la costruzione ed organizzazione degli ospizi dei folli. *Resoc. Acad. med.-chir. di Napoli*, 1874, xxviii, 61-86, 1 plan. [Rap. per F. Vizioli], 91-7.
- I manicomii della provincia di Napoli. *Boll. d. priv. manic. Fleurent*, Napoli, 1881, vii, 43, etc.
- Ricerche statistiche dal 1831 a 31 dicembre 1879 e per l'ultimo sessennio da gennaio 1874 a tutto il 1879. *Ibid.*, Napoli, 1880, vi, 29-36.
- Gli studj e l'insegnamento della medicina mentale, la legge e gli alienati e l'organizzazione dei manicomii in Italia. *Ibid.*, 1883, ix, 53, 65, 77.
- MITCHELL (A.) The Insane in Private Dwellings. 8vo. Edinburgh, 1864.
- The Care and Treatment of the Insane Poor, with Special Reference to the Insane in Private Dwellings. *J. Ment. Sc.*, London, 1867-8, xiii, 472-97. Also: *Edinb. M. J.*, 1867-8, xiii, 719-32.
- French Lunacy Statistics. *Ibid.*, 1866-7, xii, 965-81.
- MITCHELL (T. D.) Thoughts on Private Establishments for the Insane. *Lancet*, Cincinnati, 1843-4, ii, 7-14.
- The Confinement of the Insane. *Ibid.*, 1845-6, iv, 49-62.
- MOLLAN (J.) Statistical Report of the Richmond Lunatic Asylum. *Dublin J. M. Sc.*, 1838, xiii, 367-84.
- MONGÉRI. Rapport sur un projet de loi sur les aliénés en Turquie. *Ann. méd.-psych.*, Paris, 1877, xvii, 86-8.
- (L.) Notice statistique sur l'asile des aliénés "Solimanîé" à Constantinople, pour la période de dix ans comprise entre le 1^{er} mars 1857 v. s. et le 28 février 1867 v. s. *Gaz. méd. d'Orient*, Constantinople, 1867-8, xi, 50, etc. Also: Reprint.
- Projet de règlement concernant le régime des asiles d'aliénés dans l'empire Ottoman. *Ibid.*, 1877, xxi, 3-9.
- Etudes sur l'aliénation mentale en Orient. *Ibid.*, 1859-60, iii, 202, etc.
- Etudes sur l'aliénation mentale en Orient: causes de la folie-l'estrar. *Ibid.*, 1864-5, viii, 69, 102.
- MONRO (H.) On Improving the Condition of the Insane: Public Asylums for the Middle Classes. *J. Psych. Med.*, London, 1851, iv, 594-605. Also: Reprint.
- Articles on Reform in Private Asylums. 8vo. London, 1852.
- On Improving the Condition of the Insane by increased Reports on Private Asylums. *Lancet*, London, 1852, i, 3, 33, 68.
- (T.) Observations upon the Evidence taken before the Committee of the House of Commons for regulating Madhouses. [Also: Observations of John Haslam.] 8vo. London, 1816.
- MONTALEMBERT (C. F. B. de). The Monks of the West. 8vo. London, 1861.
- MONTI (B.) Sullo stato generale del manicomio di S. Orsola di Bologna e sui casi di pellagra avventivi nel secondo trimestre del 1861. *Pull. d. sc. med. di Bologna*, 1861, 4 s., xvi, 241-58.
- Relazione della commissione nominata a presentare al Consiglio provinciale di Bologna un progetto per provvedere alla cura fisico-morale degli alienati. *Ibid.*, 1863, 4 s., xx, 93-108.
- MONTI (L.) Della colonizzazione dei pazzi. *Appocratico*, Fano, 1870, xvii, 95.
- Della sistemazione d'un manicomio eriminale. *Raccoglitore med.*, Forlì, 1873, xxiii, 369-89.
- MOREAU. Les colonies d'aliénés et leurs opposants. *Union méd.*, Paris, 1863, 2 s., xvii, 1, 33.
- (J.) Lettres médicales sur la colonie d'aliénés de Gheel. *Ann. méd.-psych.*, Paris, 1845, v, 89, 264. Also: Reprint.
- Recherches sur les aliénés en Orient. Notes sur les établissements qui leur sont consacrés à Malte (Ile de), au Caire (Égypte), à Smyrne (Asie mineure), à Constantinople (Turquie). *Ibid.*, 1843, i, 103-132.
- (P.) Notes sur les établissements d'aliénés en Norvège. *Ann. méd.-psych.*, Paris, 1885, 7 s., i, 106-18.
- MOREL. Des gâteaux dans un asile d'aliénés. *Ann. méd.-psych.*, Paris, 1850, 2 s., ii, 72-101.
- Pathologie mentale en Belgique, en Hollande et en Allemagne. *Ibid.*, 1845, vi, 196, 350.
- Notice sur l'hospice d'Éberbach (duché de Nassau); statistique des aliénés du grand-duché; Société de patronage pour les aliénés de Nassau; considérations générales sur le patronage des aliénés. *Ibid.*, 1846, viii, 18-41.
- Considérations générales sur les établissements d'aliénés de la Grande-Bretagne. *Ibid.*, 1847, x, 96-122.
- De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France*, 1864, Paris, 1865, ii, 667-72.
- MOREL (B. A.) Traité des maladies mentales. 8vo. Paris, 1860.
- Y'a-t-il plus d'aliénés aujourd'hui qu'autrefois? 8vo. Rouen, 1857.
- MÖRING (M.) Les asiles de sûreté. *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 99-106.
- MORIZ. Einige Bemerkungen betreffend die Geisteskrankheiten der Gefangenen. *Vrtl-jahrschrift. f. gerichtl. u. öff. Med.*, Berlin, 1862, xxii, 297-311.
- MORRIS (B. R.) Observations on the Construction of Hospitals for the Insane. 8vo. London, 1844. Repr. from *Yorkshire Gazette*.
- MORSELLI (E.) L'amministrazione e la scienza nei manicomj. *Arch. ital. per le mal. nerv.*, Milano, 1880, xvii, 373-458.
- Dei rapporti fra la direzione dei manicomj e le amministrazioni da cui dipendono. *Ibid.*, 1881, xviii, 24-39.
- Note sulla statistica e sulla distribuzione geografica delle frenopatie in Italia. *Gior. d. Soc. ital. d'ig.*, Milano, 1881, iii, 241-64.
- Gli asili-scuole per idioti ed imbecilli. *Ibid.*, 1882, iv, 28-60, 1 pl.

- MORTON (W. J.) The town of Gheel in Belgium and its Insane; or, Occupation and reasonable Liberty for Lunatics. *J. Nerv. and Ment. Dis.*, New York, 1881, n. s., vi, 102-23. Also, transl.: *Rev. internat. d. sc. biol.*, Paris, 1881, vii, 431-49.
- Colony Treatment of the Insane; a Visit to Fitz-James, at Clermont, in France. *J. Nerv. and Ment. Dis.*, New York, 1882, n. s., vii, 343-48.
- MOSCOW. Bericht über das Irrenhaus zu Moskau, und die Behandlungsweise in demselben. *Mag. d. ausl. Lit. d. ges. Heilk.*, etc., Hamburg, 1829, xviii, 32-8.
- MOSES SHEPPARD and the Sheppard Asylum. *Am. J. Insan.*, Utica, New York, 1856-7, xiii, 335-40.
- MOTET (A.) De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France* 1864, Paris, 1865, ii, 667-72.
- Internement des aliénés; règles pour la tutelle de leurs biens dans les asiles et au dehors. *Ann. méd.-psych.*, Paris, 1884, 6 s., xii, 445-48.
- Aliénés reconnus incurables et inoffensifs. *Ibid.*, 450.
- Pouvoir de l'état et des conseils provinciaux sur l'administration des asiles; pénalités pour les contraventions. *Ibid.*, 452.
- Des mesures à prendre à l'égard des aliénés dits "criminels". *Ann. d'hyg.*, Paris, 1879, 3 s., i, 207-19.
- Les aliénés devant la loi. 8°. Paris, 1866.
- Des garanties apportées à la sortie des aliénés des établissements publics et privés. *Ann. méd.-psych.*, Paris, 1883, 6 s., x, 116.
- MOULD (G. W.) The Management of the Insane. In Six Introductory Lectures. 12mo. Manchester, 1884, 103-20.
- MOULTON (G. C.) Des aliénés et de l'établissement projeté pour l'amélioration de leur sort dans le canton de Genève. 8°. Genève, 1830.
- Movimento dei mentecatti verificatosi durante il 1865, nei diversi ospitali e manicomj di Lombardia. *Arch. Ital. per le mal. nerv.*, Milano, 1866, iii, 255-57.
- MUIR (John). Original Sanskrit Texts. 8 vols. 8vo. Paris, 1853.
- MÜLLER. Zur Irrenstatistik Berlins. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1854, i, 101.
- Beitrag zur moralischen Statistik des Herzogthums Nassau, oder über die Verhältnisse des Selbstmordes und der schweren Verbrechen. *Med. Jahrb. f. d. Herzogth. Nassau*, Wiesb., 1856, 65-136, 5 pl.
- Statistische Nachweisungen über die aufgelöste Filial-Irren-Anstalt in Pforzheim, mit erklärenden Bemerkungen und Anhang über Blodsinn. *Ann. d. Staatsarznk.*, Freib. i. Br., 1844, ix, 195-204.
- MÜLLER (O.) Heilanstalt für Nervenkränke bei Blankenburg am Harz. *St. Petersb. med. Ztschr.*, 1870, n. s., i, 383.
- MULOCK (T.) British Lunatic Asylums, Public and Private; with an Appendix containing the case of Doctor Peithman; and Special References to the cases of Lady Lytton-Bulwer and Mrs. Turner. 12mo. London, 1858.
- MUNDY (von). De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France* 1864, Paris, 1865, ii, 601-12.
- Ueber öffentliche Irrenpflege. *Wchnbl. d. k. k. Gesellsch. d. Aerzte in Wien*, 1867, vii, 43.
- (B. J.) A Comparative Examination of the Laws of Lunacy in Europe. *J. Ment. Sc.*, London, 1867-8, xiii, 319-25.
- (J. von). The Gheel Question. *Med. Critic and Phys. J.*, London, 1861, i, 399.
- Ueber Irrencolonien. *Allg. Wien med. Ztg.*, 1866, xi, 360, 369. Also: *Wien. med. Wchnschr.*, 1866, xvi, 1875, 1440. Also (Abstr.): *Wchnbl. der k. k. Gesellsch. d. Aerzte in Wien.*, 1866, xxii, 452.
- (J.) Five Cardinal Questions on Administrative Psychiatry. *J. Ment. Sc.*, London, 1860-2, vii, 343-70. Also, transl.: *Ann. méd.-psych.*, Paris, 1863, 4 s., i, 232-54.
- On the Cottage Asylum System. *J. Ment. Sc.*, London., 1862-3, viii, 329-33.
- De l'institution des colonies d'aliénés. Gheel et ses adversaires. 8°. Bruxelles, 1860.
- Gheel est un asile patronal et nullement une colonie, moins encore un établissement d'aliénés. 8°. Bruxelles, 1860.
- Sur les divers modes de l'assistance publique appliquée aux aliénés. 4°. Paris, 1865.
- et al. De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux, et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles. *Cong. méd. de France* 1864, Paris, 1865, ii, 601-80.
- MUNIZ (M. A.) El manicomio de Lima 1884. *Cron. méd.*, Lima, 1885, ii, 7, 52, 1 pl., 93.
- MUNOZ (J.-J.) Quelques considérations critiques sur l'histoire et la situation actuelle de l'asile d'aliénés de l'île de Cuba. *Ann. méd.-psych.*, Paris, 1866, 4 s., viii, 75-87.
- MÜNSTERLINGEN. Beschluss, betreffend die Festsetzung der Verpflegungstage für die Kantonen-Anstalten Münsterlingen und St. Katharinal. Vom 31 Mai 1873. 8°. Frauenfeld, 1873.
- MUSQUETIER (Fl. A.) Wet van den 27 April 1884 (Stbl. No. 96), waarbij met intrekking van de wet van 29 Mei 1841 (Stbl. No. 20), nadere bepalingen worden vastgesteld, betreffende het staatstoezicht op krankzinnigen en krankzinnigengestichten. Met inleiding, toelichtende aantekeningen en alphabetisch register. 12°. 's Gravenhage, 1884.

N.

NACHICH (G.) *Mcune idee sulle sale d'asilo del Sig. Cochín, primo, fondatore delle stesse a Parigi, applicate alla pubblica igiene da . . . 8vo. Padova, 1834.

- NAGY (A.) Aus der k. k. Prov. Irrenanstalt zu Hall in Tyrol. Bericht vom Jahre 1856. *Allg. Wien. med. Ztg.*, 1857, ii, 167.
- NASSE. Geschichtliche Entwicklung der rheinischen Irrenpflege von der Gründung der Provincial-Irren-Heilanstalt in Siegburg bis zu deren Aufhebung. *Prov.-Irren-Blind- u. Taubst.-Anst. d. Rheinprov.*, etc., 1879, Düsseldorf, 1880, 1-36.
- (F.) Die Behandlung der Gemüthskranken und Irren durch Nichtärzte. 8v. Bonn, 1844.
- Keine Irre in die klinischen Anstalten? *Ztschr. f. psych. Aerzte*, Leipzig, 1822, v, 3, Vrtjhrhft., 172-201.
- Von dem Bedürfniss, dass die in Privatanstalten oder einzeln untergebrachten Irren unter polizeiliche Obhut gestellt werden. *Med. Cor.-bl.-rhein. u. westfäl. Aerzte*, Bonn, 1842, i, 201-6.
- NEEDHAM (F.) Insanity in relation to Society. *St. Andrew's M. Grad. Ass. Tr.*, London, 1872-3, vi, 75-93.
- NERI (G.) Sulle finestre dei manicomi. *Ippocratico*, Fano, 1871, xx, 414-26.
- NETHERLANDS. Wet van den 27 sten April 1884, tot regeling van het staatsoezicht op krankzinnigen. *Psychiat. Bl.*, Dordrecht, 1884, ii, 107-31.
- NEUCHÂTEL. Circulaire de la chambre de charité de Neuchâtel, relative à une pétition de la maison de santé de Préfargier au sujet des aliénés incurables. 4°. [Neuchâtel, 1872.]
- NEUHAUSEN (J.) Ueber den Zweck der verschiedenen Heilanstalten. *Org. f. d. ges. Heilk.*, Aachen, 1853, ii, 273-76.
- NEUMANN (C. G.) Ueber die Beschäftigung der Irren. *Allg. med. Centr. Ztg.*, Berlin, 1843, xii, 257.
- NEUSCHLER (E.) A Visit to Gheel. *J. Ment. Sc.*, London, 1867-8, xx, 20-43.
- NEUSS. Heil-u. Pflegeanstalt der Alexianerbrüder zu Neuss vor dem Oberthore für Geistes- u. Gemüths-Kranke. MS. 4°. [Neuss, 1876.]
- NEUSSER (G.) Kilka słów o oddziale chorob umysłowych w szpitalu sw. Ducha w Krakowie. [Notes from the Division for Mental Diseases.] *Przegl. lek.*, Krakow., 1870, ix, 341, 348.
- NEUSTADT - EBERSWALDE. [Plans, etc.] *Zeitschrift für Bauwesen. (Atlas zur)*. Berlin, 1869, xix, pp. 1-13.
- [NEWELL (Sarah.)] Facts connected with the Treatment of Insanity in St. Luke's Hospital, with Letters on the Subject [etc.], 8vo. London, 1841.
- NEW HAMPSHIRE. Report of the Board of Auditors appointed by the Governor and Council to inquire into the General Financial Transactions of the . . . 8vo. Concord, 1877.
- NEW JERSEY. Report relative to an Asylum for Lunatics by the Joint Committee of Council and Assembly, to which was referred that part of the Governor's Message relating thereto. 8vo. Trenton, 1841.
- Report of the Joint Committee on the State Lunatic Asylum at Trenton, to the Senate and General Assembly of the State of New Jersey, Session of 1875. 8vo. Trenton, 1875.
- NEW SOUTH WALES. Inspector-General of the Insane. [Annual Reports of the State and Condition of the Hospitals and other Institutions, to the principal Under-Secretary], for the year 1883. Fol. [Sydney, 1884.]
- [Report on the State and Condition of the Hospitals and other Institutions, to the principal Under-Secretary], for the year 1883. Fol. [Sydney, 1884.]
- NEWTON (R. H.) Obligations of Society towards the Insane. *Med.-Leg. J.*, New York, 1883-4, i, 297-304.
- NEW YORK. Report of the Select Committee on so much of the Governor's Message as relates to the Insane Poor. . . . 8vo. [n. p., n. d.]
- Report and Memorial of the County Superintendents of the Poor of this State on Lunacy and its Relation to Pauperism, and for the Relief of Insane Poor. . . . 8vo. [n. p., n. d.]
- Report of the Board of State Commissioners of Public Charities of the State of New York, relating to the Insane and the Capacity and Cost of the several State Insane Asylums. 8vo. Albany, 1871.
- Report of the Commissioners appointed to investigate Charges against Lunatic Asylums in this State; also an Act accompanying the same. 8vo. [Albany, 1873.]
- Communication from the Comptroller, submitting to the Senate the Report of the Agent appointed to examine the Charitable Institutions of the State of New York. 8vo. Albany, 1879.
- Report of the Committee on Public Health relative to Lunatic Asylums. 8vo. Albany, 1879.
- Report of the proceedings for establishing a Board of Commissioners in Lunacy for the State of New York. 8vo. New York, 1880.
- State Board of Charities. Communication in relation to the Chronic Insane of Clinton County, State of New York. No. 44. 8vo. [Albany, 1878.]
- The proposed Law submitted by the Committee of the Medico-Legal Society to the Legislature of the State of New York, Session of 1873. An Act further to amend Chapter 446 of the Laws of 1874, entitled "An Act to Revise and Consolidate the Statutes of the State relating to the Care and Custody of the Insane. . . ." *Med.-Leg. J.*, New York, 1883-4, i, 119-39.
- The Petition of the Undersigned Physicians, Lawyers, and other Citizens of the State of New York. *Neurol. Contrib.*, New York, 1879, i, 92-6.
- Neurological Society. The Answer of the . . . to the Document known as the Report of the Committee on Public Health relative to Lunatic Asylums. No. 64, in Senate, May 22, 1879. 8vo. New York, 1880.
- An Act in Relation to the Employment of Female Physicians in State Asylums for Insane. Fol. [Albany, 1879.]
- CITY. Memorial of the late Commis-

- sioners of the Almshouse, etc., and Members of the Committee on Blackwell's Island and Long Island Farms, of the last Common Council, on the Subject of the Lunatic Asylum. . . . 8vo. [New York, 1835.]
- Communication from the Commissioners of the Almshouse. . . . 8vo. [New York, 1835.]
- Communication from Dr. James McDonald, relative to the Lunatic Asylum at Blackwell's Island. . . . 8vo. [New York, 1835.]
- Report of the Joint Special Committee on Blackwell's Island and the Long Island Farms, on the Communication from the Commissioners of the Almshouse. . . . 8vo. [New York, 1835.]
- NEW YORK STATE. An Act to amend Chapter 135 of the Laws of 1842, entitled "An Act to Organise the State Lunatic Asylum. . . . Fol. [Albany, 1873.]
- An Act to amend Chapter 446 of the Laws of 1874, entitled "An Act to Revise and Consolidate the Statutes of the State relating to the Care and Custody of the Insane. . . ." Fol. Albany, 1880.
- The same. No. 30. In Senate. [Introduced by Mr. Birdsall.] An Act further to amend Chapter 446 of the Laws of 1874. Fol. [Albany, 1880.]
- An Act to Prevent Cruel and Inhuman Treatment of Insane Persons. Introduced by Mr. Pinney. Fol. [Albany, 1882.]
- Report of the Commissioners to locate an Insane Asylum in the Eighth Judicial District [Buffalo], New York. . . . 8vo. [Albany, 1870.]
- Report of the Board of State Commissioners of Public Charities in answer to the Resolution of the Senate of Feb. 14, 1871. . . . 8vo. [Albany, 1872.]
- Report of the Commissioners appointed to investigate Charges against Lunatic Asylums in this State; also an Act. . . . 8vo. [Albany, 1873.]
- Report of the Committee on Public Health relative to Lunatic Asylums. (Transmitted to the Legislature, May 22, 1879.) 8vo. Albany, 1879.
- Communication from the Governor transmitting the Report of the Commissioners appointed to locate the Hudson River Asylum for the Insane of the State of New York. . . . 8vo. Albany, 1867.
- Report and Testimony taken before the Finance Committee with regard to the Affairs and Management. 8vo. Albany, 1873.
- Report of the Trustees, with the Documents accompanying the same, pursuant to the Act of Legislature. . . . 8vo. [n. p., n. d.]
- Report of the Select Committee on so much of the Governor's Message as relates to the Lunatic Asylum at Utica, New York. . . . 8vo. [n. p., n. d.]
- Report of the Commissioners. 8vo. [n. p., n. d.]
- Report of the Minority of the Committee on Medical Societies and Medical Colleges on the Bill in relation to the State Lunatic Asylum at Utica, New York. . . . 8vo. [n. p., n. d.]
- NEW YORK STATE. The Investigation into the Management of the Insane Asylums of New York State. *Med. Gaz.*, New York, 1881, viii, 13.
- NICHOLS (C. H.) On the Best Mode of Providing for the Subjects of Chronic Insanity. *Tr. Internat. M. Cong.*, 1876, Phila., 1877, 1127-43. Also: Reprint.
- NICOLSON (D.) The Morbid Psychology of Criminals. *J. Ment. Sc.*, London, 1874-5, xx, 20, etc.
- A Chapter in the History of Criminal Lunacy in England. *Ibid.*, 1877-8, xxiii, 165-85.
- NITZSCH (K. G. E.) Psychiatrisches aus Aegypten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1857, xiv, 1-19.
- NORMANSFIELD ASYLUM FOR IDIOTS, etc. *Med. Press and Circ.*, London, 1879, n. s., xxvii, 506.
- NORTH HOLLAND (Province of). Verslag van het patronat voor behoeftige herstelde krankzinnigen in de provincie Noord-Holland. 4, 1866-7. 89. [Amsterdam, 1867.]
- NORWAY. Norges officielle Statistik. C. No. 5b. Oversigt over Sindssygeasylernes virksomhed, i aarene 1872-9. Efter de fra asylerne indkomne Aarsberetninger sammendragen og udgivne af Directoren for det civile Medicinalvaesen. Fol. 1873-80.
- Alienati in Norvegia durante l'anno 1879. *Boll.-d. priv. manic. Fleurent*, Napoli, 1882, viii, 20.
- Gesetz bezüglich der Behandlung und Verpflegung der Geisteskranken in Norwegen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1852, ix, 444-54.
- NORWICH LUNATIC ASYLUM. *Builder*, London, 1877, xxxv, 482, 2 pl.
- NOSTITZ and JÄNKENDORF (G. A. E. von). Beschreibung der königl. sächsischen Heil- und Verpflegungsanstalt Sonnenstein mit Bemerkungen über Anstalten für Herstellung oder Verwahrung der Geisteskranken. 1 Theil, 1 u. 2 Abth. 89. Dresden, 1829.
- NÖTEL. Die Irrenanstalten, ihre Einrichtung und ihr Wirken. *Irrenfr.*, Heilbr., 1875, xvii, 116, 131.
- Ueber die Beköstigung der Kranken in den öffentlichen Irrenanstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1881, xxxvii, 526-30.
- NOTHSTAND (Der) unserer öffentlichen Irrenverpflegung. *Wien. med. Presse*, 1877, xviii, 525, 555.
- NOTTINGHAM. General Lunatic Asylum near Nottingham. The Articles of Union entered into and agreed upon between the Justices of the Peace for the County of Nottingham. 8vo. Southwell, 1841.
- NOVA SCOTIA. An Act relating to Lunatics and to the Custody and Estates of Lunatics [in the Nova Scotia Hospital for the Insane at Halifax]. Passed April 18, 1872. 8vo. [n. p., n. d.]
- NOWAK (A.) Notizen über die Prager k. k. Irrenanstalt und die Veränderungen in derselben seit dem Jahre 1830, nebst zwei Uebersichtstabellen und einigen Krankheitsgeschichten. 8°. Prag, 1835.

O.

OBERSTEINER (H.) Ueber die Frage der Gefährlichkeit geisteskranker Personen. *Mitth. d. Ver. d. Aerzte in Nied.-Oest.*, Wien, 1879, v, 249-56.

Ueber das neue niederländische Irren-gesetz. *Centralbl. f. Nervenh.*, Coblenz, 1882, v, 25-30. Also: Reprint.

Observations on the Structure of Hospitals for the Treatment of Lunatics, and on the General Principles on which the Cure of Insanity may be most successfully conducted. To which is annexed an Account of the intended establishment of a Lunatic Asylum at Edinburgh. 4to. Edinburgh, 1809.

Observations (The) of the Governors upon the Report of the Commissioners in Lunacy to the Secretary of State, on Bethlem Hospital. With Appendices. 8vo. London. [n. d.]

Observations of the Physician and Apothecary upon the Evidence taken before the Committee of the Hon. House of Commons for regulating Madhouses. 8vo. London, 1816.

Observations on the Statute 14 George III, c. 49, for regulating Madhouses, and on the Bill now in progress through Parliament for regulating the Treatment of Insane Persons. 8vo. London, 1828.

Observations on the Laws relating to Private Lunatic Asylums, and particularly on a Bill for their Alteration, which passed the House of Commons in the year 1814. 8vo. London, 1816.

OGLIVIE (G. M.) A few Remarks on the Provision made for the Insane in India; with Suggestions for its Extension and Improvement, without encroaching on the Public Treasury. 8vo. London, 1849.

OHIO. Account of the Ohio Lunatic Asylum, copied from the Superintendent's First Annual Report. *Boston M. and S. J.*, 1840, xxi, 382-86.

Report of the Committee of the Ohio Legislature on the Longview Asylum at Cincinnati. *Neurol. Contrib.*, New York, 1879, i, 97-101.

— State Medical Society. Report of Committee as to Number and Condition of Incurable Insane in the different Counties of the State of Ohio. *Tr. Ohio M. Soc.*, Cincin., 1866, 123-63.

Report on the Incurable Insane. *Ibid.*, 1867, 41-6, 1 tab.; 1868, 181-93, 2 tab.

OHRSTRÖM (W.) Om sjukvårdsresultaten vid Ganstad och vid de svenska hospitalen. *Hygiea*, Stockholm, 1872, xxxiv, 273-78.

Några ord om vansinniga straffångars vårdande å hospitalen för sinnessjuke. [On Insane Convicts and Insane Asylums.] *Hygiea*, Stockholm, 1870, xxxii, 161-64.

OLD BROMPTON. A Prospectus of Earl's Court House, Mrs. Bradbury's Establishment at Old Brompton for the Recovery of Ladies labouring under Affections of the Mind. With Plans and Illustrations. 8vo. London, 1836. Also in *J. Psych. M.*, London, 1830, iii, 1-16, 1 pl. [at end of vol.]

OLDENBURG. Die neue Irrenheilanstalt für das Herzogthum Oldenburg. 12 Aull. 8°. Oldenburg, 1852.

OLIVER (T. J.) Private Lunatic Asylum, Cook's River. *New South Wales M. Gaz.*, Sydney, 1871, ii, 6.

On the want of Remedial Treatment for the Poor of Unsound Mind in England, and on the Proposal to confine them in Wards of Workhouses. 8vo. London, 1841.

OPPERT (F.) A Visit to the Friedrichsberg Asylum. *J. Ment. Sc.*, London, 1869-70, xv, 213-16, 1 ch.

Ordonnance du 18 décembre 1859, relative aux aliénés. *J. de méd. ment.*, Paris, 1861, i, 60-4.

OREGON. The Insane Asylum of Oregon. *Oregon M. and S. Reporter*, Salem, 1869-70, i, 41-9.

Organisation und Ausführungsweise des Sanitätsdienstes in Gheel unter der Direction des Dr. Bulckens. *Med. Aehrenlese*, Osnabrück, 1861, vi, 305-20.

Organization and Management of Lunatic Asylums. *Brit. and For. M. Rev.*, London, 1840, ix, 145-89.

ORILLIA. Report of the Superintendent from its Opening, Sept. 25 to Sept. 30, 1876 (six days). *Rep. Insp. Asyl. Prisons, etc.*, Prov. Ontario, Toronto, 1877, ix, 261.

OSNABRÜCK ASYLUM. Vide L. Klases, *Grandriss Urbilder*, p. 403, fig. 379.

OTTO. Die Irren-Anstalt zu Rudolstadt. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1857, iv, 138.

Die statistischen Verhältnisse der Irren-anstalt zu Rudolstadt. *Ibid.*, 1858, v, 97.

OUPART (V.) Dixième rapport sur la situation des établissements d'aliénés du royaume (années 1866-71). Analysé par J. Morel. *Bull. Soc. de méd. de Gand*, 1873, xl, 311-18. Also: *Bull. Soc. de méd. ment. de Belg.*, Gand, 1873, No. 2, 70-9.

Asile des aliénés de Maréville. *Ibid.*, 1874, No. 3, 50-69.

Le douzième rapport sur la situation des aliénés en Belgique. [Abstr.] *J. de méd. chir. et pharmacol.*, Brux., 1883, lxxix, 485-89.

Our Lunacy Systems. *Brit. M. J.*, London, 1871, i, 199, 344; ii, 12.

P.

PACKARD (Mrs. E. P. W.) Modern Persecution; or, Insane Asylums unveiled, as demonstrated by the Report of the Investigating Committee of the Legislature of Illinois. 2 vols. 8vo. Hartford, 1873.

[The title of vol. 2 is: Modern Persecution; or, Married Woman's Liabilities, as demonstrated by the action of the Illinois Legislature.]

PAETZ. Ueber den Werth der agricolen Irren-anstalten für die Behandlung der Geisteskranken und insbesondere über die Einrichtungen der Irren-, Heil- und Pflegeanstalt zu Rittergut Altscherbitz in der Provinz Sachsen. *Allg. Wien. Med. Ztg.*, 1884, xxix, 508, 539, 575. Also: *Tageblatt d. Versamml. deutsch. Naturf. u. Aerzte*, Magdeh., 1884, lviii, 121-26.

Die Bedeutung der Colonien für die Behandlung der Geisteskranken. *Ztschr.*

- f. Therap. m. Einbezug, d. Elect.-u. Hydrotherap.*, Wien, 1884, ii, 153-58.
- PAIN (A.) Sur les divers modes de l'assistance publique appliquée aux aliénés. *Ann. d'hyg.*, Paris, 1865, 2 s., xxiv, 69-129. Also: Reprint.
- PALERMO. Relazione trimestrale sullo stato economico, morale e scientifico del manicomio di Palermo. Pisani, Palermo, 1878, 2 s., i, 117-55.
- PALMER (W.) An Inquiry as to the Expediency of a County Asylum for Pauper Lunatics. 2 ed. 8vo. Exeter, 1830.
- PAOLA (R. de). Relazione . . . all'onorevole commissione amministrativa del reale manicomio di Aversa sulla chiusura dell'esercizio 1872. 4°. Aversa, 1873.
- Paradies (Das) des Wahnsinnigen. *Med. Aehrenlese*, Osnabrück, 1860, v, 161.
- PARANT (V.) De la séquestration des aliénés dans leurs familles. *Ann. méd.-psych.*, Paris, 1884, 6 s., xi, 390-411. Also: *Rev. méd. de Toulouse*, 1884, xviii, 321-50.
- PARCHAPPE (M.) Des principes à suivre dans la fondation et la construction des asiles d'aliénés. 8°. Paris, 1853.
- De l'organisation du travail dans les principaux asiles de la Grande-Bretagne et dans l'asile du département de la Seine-Inférieure. *Ann. méd.-psych.*, Paris, 1848, xi, 357-400.
- Discours dans la discussion sur les différents modes d'assistance des aliénés. *Ibid.*, 1865, 4 s., vi, 450, etc. Also: Reprint.
- PARIGOT (J.) De la réforme des asiles d'aliénés. 12°. Bruxelles, 1860. See also *infra*; also: *J. Psych. M.*, London, 1860, xiii, 277-94.
- Thérapeutique naturelle de la folie; l'air libre et la vie de famille dans la commune de Gheel. 8°. Brux., 1852.
- Des asiles d'aliénés et des Gheels au point de vue moral et économique. Sm. 8vo. Genève, Bâle, Lyon, 1873.
- The Gheel Question; from an American point of view. *Am. J. Insan.*, Utica, New York, 1862-3, xxix, 332-54.
- Asylums and Psychiatric Administrations in France and England. *Ibid.*, 1863-4, xx, 186-200.
- Observations sur le régime des aliénés en Belgique à propos d'un livre de M. Ducpétiaux intitulé: Notice sur les établissements d'aliénés des Pays-Bas. *J. de méd. chir. et pharmacol.*, Brux., 1859, xxix, 464, 553.
- Legislation on Insanity: an Address. *Bull. N. York Acad. M.* (1862-6), 1865, ii, 375-88. Also: Reprint.
- Legislation on Lunacy. *Am. J. Insan.*, Utica, New York, 1864-5, xxxi, 200, 325.
- PARIS. Rapport et procès-verbaux de la commission instituée par arrêté préfectoral du 27 décembre 1860 pour l'amélioration et les réformes à opérer dans le service des aliénés. 4°. Paris, 1861.
- Die vier neuen Irrenanstalten um Paris. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1868, xxv, 444-46, 2 pl.
- Compte-rendu au conseil général des hospices et hôpitaux civils de Paris sur le service des aliénés traités dans les hospices de la vieillesse (hommes et femmes) [Bicêtre et Salpêtrière]. 4°. Paris, 1826.
- The same: Années 1825-33. 4°. Paris, 1835.
- Rapport et procès-verbaux de la commission instituée par arrêté préfectoral du 27 décembre 1860 pour l'amélioration et les réformes à opérer dans le service des aliénés. Préfecture du département de la Seine. 4°. Paris, 1861.
- Rapports du directeur de l'administration de l'assistance publique à monsieur le préfet de la Seine, sur le service des aliénés du département pour les années 1853 et 1865. 4°. Paris, 1854-66.
- Les ateliers de la nouvelle section des enfants idiots et épileptiques de Bicêtre. [Extr.] *Progrès méd.*, Paris, 1884, xii, 748-51.
- [PARK (G. H.)] Narrative of the recent Difficulties in the Provincial Lunatic Asylum of Canada West. Dedicated to the Christian Community, and to the presiding Officers of Lunatic Asylums in Europe and America. 8vo. Toronto, 1849.
- PARKINSON (J.) Madhouses. Observations on the Act regulating Madhouses, and a Correction of the Statements in the case of Benjamin Elliott. . . . 8vo. London, 1841.
- PARKMAN (G.) Management of Lunatics; with Illustrations of Insanity. 8vo. and 12mo. Boston, 1817.
- PARMEGGIANI (G.) Sui risultamenti ottenuti nei maniconj d'Aversa e di Perugia cenni. 8°. Reggio, 1844.
- PARRAMATTA LUNATIC ASYLUM. *N. South Wales M. Gaz.*, Sydney, 1871, ii, 80-3.
- PARSONS (R. L.) Detention in Asylums. *J. Nerv. and Ment. Dis.*, New York, 1884, n. s., ix, 8-24.
- On the Private Care of the Insane. *Alienist and Neurol.*, St. Louis, 1881, ii, 564-88.
- (R. W.) Suggestions relative to the Sequestration of alleged Lunatics. *Quart. J. Psych. Med.*, New York, 1872, vi, 470-509.
- PASQUIER (B.) Quelques mots sur les divisions nécessaires dans les hôpitaux d'aliénés. *J. de méd. de Lyon*, 1842, ii, 350-55.
- (R.) Remarques critiques sur l'état actuel de la médecine et des hôpitaux d'aliénés en France, par rapport à l'Angleterre et à l'Allemagne. *J. de méd. de Lyon*, 1842, iii, 213-30.
- Essai sur les distributions et le mode d'organisation d'un hôpital d'aliénés pour quatre à cinq cents malades, précédé de l'exposé succinct de la pratique médicale des aliénés de l'hospice de l'Antiquaille de Lyon depuis le 1 Janvier 1821 jusqu'au 1 Janvier 1830. 8°. Lyon, 1835.
- PASTERNAK (J. R.) K voprosu o priznienii n ashich dushevno-bolnich. [On the Care of Insane Asylums.] *Arch. psychiat.*, etc., Charkov, 1883, ii, No. 2, 71-83.
- Navstvennoe lechenie psichopat. i sovremennoe anglijskie doma umalishennich. [The Moral Treatment of Insanity and the English System]. *Ibid.*, 1884, iv, No. 3, 1-25.

- PAULUS ÆGINETA. The Seven Books of Paulus Ægineta, by F. Adams. 8vo. London, 1844-7.
- PAVLOVSKI (A. A.) Prizrienie dushevno-bolnich v Evropie i u nas. [Care of the Insane in Europe and with us.] *Protok. zasaid. Kavkazsk. med. Obsh.*, Tiflis, 1883, xix, 62-77.
- Pazzi (I) e la società. *Salute*, Genova, 1869, iv, 33, 49.
- PEETERS (J.-A.) L'encombrement des asiles d'aliénés. *Bull. Soc. de méd. ment. de Belg.*, Gand, 1881, xx, 28-41.
Lettres médicales sur Gheel et le patronage. *Ibid.*, 1880, Nos. 16, 18, ; Nos. 1, 8, 12. Also: Reprint.
- PEETERS (J. H.) A few Extracts from Medical Letters on Gheel. *Am. Psychol. J.*, Phila., 1883-4, i, 149-57.
- PELMAN. Allgemeine Ideen über die Errichtung von Irrenanstalten. *Cor.-bl. d. med.-rhein. Ver. f. öff. Gesundheitspf.*, Köln, 1878, vii, 118-26.
— (C.) Ueber Irrengesetzgebung und das französische Irrengesetz. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1875, xxxi, 1-41.
Ueber das Irrenwesen von Elsass-Lothringen. *Arch. f. Psychiat.*, Berlin, 1873, iv, 474-79.
- PENNSYLVANIA. State Hospital for the Insane, at Norristown. Report of the Commissioners [for erection] of the . . . 8vo. Philadelphia, 1880.
State Lunatic Hospital at Harrisburg. Appeal to the People of Pennsylvania on the Subject of an Asylum for the Insane Poor of the Commonwealth. 8vo. Philadelphia, 1838.
Memorial soliciting a State Hospital for the Insane. Submitted to the Legislature of Pennsylvania. . . . 8vo. Philadelphia, 1845.
Report in Relation to an Asylum for the Insane Poor. Read in the House of Representatives, March 11, 1839. 8vo. Phila., 1839.
Report of the Select Committee of the Senate on the subject of establishing "An Asylum for Insane Poor of this Commonwealth". Read in Senate . . . 8vo. Harrisburg, 1841.
A Second Appeal to the People of Pennsylvania on the Subject of an Asylum for the Insane Poor of the Commonwealth. 8vo. Phila., 1841.
Statement of the Trustees in regard to certain Charges of the Board of Public Charities of Pennsylvania; with an Appendix [containing Extracts from the Reports of the Trustees and Minutes of the Board]. 8vo. Harrisburg, 1874.
Western Pennsylvania Hospital for the Insane, at Dixmont, near Pittsburg. Proceedings of the Medical Society of the State of Pennsylvania in relation to the Hospital for the Insane at Dixmont. 8vo. Pittsburg, Pa., 1878.
Acts of Assembly relating to the Hospital at Dixmont, and regulating the Admission of Insane Patients therein. 8vo. Pittsburg, 1863.
Pennsylvania Hospital for the Insane,

- Philadelphia. An Appeal to the Citizens of Pennsylvania for Means to provide additional Accommodations for the Insane. 16mo. Philadelphia, 1854.
Proceedings on the occasion of laying the Corner Stone. Including the Address. . . . 8vo. Philadelphia, 1856.
Proceedings on the occasion of opening the . . . 8vo. Philadelphia, 1859.
A Sketch of the History, Buildings, and Organisation of the Pennsylvania Hospital for the Insane, extracted principally from the Reports of Thomas S. Kirkbride, M.D., Physician to the Institution. *Am. J. Insan.*, Utica, New York, 1845-6, ii, 97-114, 1 pl.
- PENNSYLVANIA. Board of Public Charities. To the Legislature. A Plea for the Insane in the Prisons and Poorhouses of Pennsylvania. 8vo. Philadelphia, 1873.
The same. To the Legislature. Addenda to a Plea . . . 8vo. Phila., 1873.
The same. 8vo. Harrisburg, 1874.
In the Matter of the Insane in the Prisons and Poorhouses of Pennsylvania. Letters . . . 8vo. Phila., 1874.
Report of the Board of Commissioners of Public Charities of the State of Pennsylvania, in answer to the Resolution of the House of Representatives of Jan. 31, 1874, relating to the Insane, their Condition, and what Accommodations are needed; with a Scheme . . . 8vo. Harrisburg, 1874.
Report of the Commission to examine into the present System for the Care of the Insane of the State, etc. Jan 2, 1883. [With "an Act . . ."] Fol. [Philadelphia, 1883.]
Petition of Citizens of Pennsylvania who have been engaged in the Care of the Insane, to the Legislature; representing the necessity of further Accommodation, and the establishment of sufficient Hospitals. Also, protesting against the Inauguration of any System looking to a Provision for Insane Criminals in any one of the existing State Hospitals. 8vo. [n. p., 1874.]
Memorial [of the Committee of the Medical Society of the State of Pennsylvania] to the Honourable Senate and House of Representatives of the Commonwealth, to define the Legal Relations of the Insane. Also, an Act to provide for the Admission of certain classes of the Insane into Hospitals for the Insane in this Commonwealth, and their Discharge therefrom. 8vo. Harrisburg, 1869.
An Act relative to the Supervision and Control of Hospitals or Houses in which the Insane are placed for Treatment or Detention. . . . 8vo. and 4to. [Philadelphia, 1883.]
Abstract of an Act relative to the Supervision and Control of Hospitals or Houses . . . ; passed by the Legislature of Pennsylvania. *Am. Psych. J.*, Phila., 1883, i, 139.
Advance in Lunacy Legislation in Pennsylvania. *Ibid.*, 1884-5, ii, 57, 65.
Report of the Committee on the Admission of Patients into Insane Asylums. *Tr. M. Soc. Pennsylv.*, Phila., 1869, 3 s., ii, 318-28.

- Medical Society of the State of Pennsylvania. Memorial of the Committee of the . . . to the Legislature, for the crection of a Hospital for the Insane in the North-western portion of the State, for the counties of Erie, Crawford, Mercer . . . 8vo. [Phila.], 1872.
- Provision for the Insane Poor. Privately printed. 8vo. Harrisburg, 1875. Reprint from Rep. Bd. Pub. Char. for 1874, to the Legislature.
- PERCEVAL (J.) A Letter to the Secretary of State for Home Department upon the unjust and pettifogging Conduct of the Metropolitan Commissioners in Lunacy, in the case of a gentleman lately under their surveillance. 8vo. London, 1844.
- Letters to the Right Honourable Sir James Graham and to other noblemen and gentlemen, upon the Reform of the Law affecting the Treatment of Persons alleged to be of Unsound Mind. 8vo. London, 1846.
- PEREZ (E. M.) Instituto frenopático de Buenos Aires. *An. As. Circ. Méd. Argentino*, Buenos Aires, 1879-80, iii, 171-82.
- PERSIJN (C. J. van) Eene bijdrage tot de Gheelkwestie. *Nederl. Tijdschr. v. Geneesk.*, Amst., 1865, i, 177-83.
- PETIT (J.-B.) Examen de la loi du 30 juin 1838, sur les aliénés. 8°. Paris, 1865.
- PÉTREQUIN (J.-E.) De l'assistance publique au point de vue du régime administratif et médical des hospices et asiles d'aliénés. *Lyon. méd.*, 1873, xii, 290-307. Also: *Ann. Soc. de méd. de Lyon*, 1873, 2 s., xxi, 22.
- PEYBERNÉS. Statistica degli alienati in Spana. *Boll. d. priv. manic. Fleurent*, Napoli, 1882, viii, 19.
- PFORZHEIM. Medicinische Facultät zu Freiburg. Erklärung . . . die Verlegung der Grossherzoglichen Heil- und Pflgeanstalt in Pforzheim betreffend. 8o. Freiburg i. Br., 1864.
- Medicinische Facultät zu Heidelberg. Vorstellung . . . der die Verlegung der Grossherzogl. Heil- und Pflgeanstalt in Pforzheim betreffend, 1864. 8°. [n. p., n. d.]
- The same. Zweite Vorstellung, 1864. 8o. [n. p., n. d.]
- PHILADELPHIA. Asylum for the Relief of Persons deprived of the use of their Reason. Account of the Rise and Progress of the Asylum proposed to be established near Philadelphia, for the Relief of Persons . . . 16mo. Phila., 1814.
- An Account of the present state of the . . . With Constitution and List of Contributors. Published by direction of the Contributors. 12mo. Phila., 1816, and 8vo., Phila., 1846.
- Constitution of the Contributors to the . . . 16mo. Phila., 1851.
- An Appeal to the Citizens of Pennsylvania for means to provide additional Accommodations for the Insane . . . 16mo. Phila., 1854.
- Proceedings on the Occasion of laying the Corner-stone. Including the Address . . . 8vo. Phila., 1856.
- Proceedings on the Occasion of opening the . . . 8vo. Phila., 1859.
- Plan of the Pleasure-grounds and Farm of the Pennsylvania Hospital for the Insane, at Philadelphia. *Am. J. Insan.*, Utica, New York, 1847-8, iv, 279.
- PHILADELPHIA HOSPITAL. Insane Department. Report on Warming and Ventilating the West Half of the Lunatic Asylum (female department), of . . . 8vo. [n. p., n. d.]
- "PHILALETHES." On the Treatment and Care of the Insane. *Lancet*, London, 1840-41, i, 468.
- PHREZE (A.) O psikhiyatricheskom znachenie izolirovaniya. [Importance of Isolation of Insane Patients.] *Med. Vestnik*, St. Petersburg., 1861, i, 180-85.
- PIANA (G.) Osservazioni statistiche tratte dal manicomio di S. Orsola in Bologna nel decennio 1842-51. *Bull. d. sc. med. di Bologna*, 1854, 4 s., i, 161-82, 1 tab.
- PICHT. Bericht über die Irren- und Siechen-Verpflegungsanstalt zu Stralsund von ihrer Eröffnung im October 1842 an bis Schluss December 1844. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1845, ii, 296-310.
- PIENITZ (M.) *Quaedam de nosocomii quo animo aegrotantibus cura adhibetur institutione optima. 4°. Lipsiae. [1825.]
- PIEPER (L.) Die Blödsinnigen-Anstalt He-phata bei Gladbach, Rheinprovinz. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1881, xxxviii, 368.
- (P.) Das niederländische Irrenwesen. *Irrenfreund*, Heilbr., 1879, xxi, 57-63.
- The System for the Insane in the Netherlands. *Am. Psych. J.*, Phila., 1883, i, 60-2.
- PIER D'HOY. Una visita al manicomio provinciale di Mombello. *Ann. di ottol.*, Pavia, 1881, x, 26-36.
- PIGNOCOCCO (F.) Saggio sulla statistica medica della real casa dei matti di Palermo. 1 ed., che comprende l'anno 1838. 8vo. Palermo, 1839.
- PINEL (C.) De l'isolement des aliénés sous le rapport hygiénique, pathologique et légal. *J. de méd. ment.*, Paris, 1861, i, 78, etc. Also: Reprint.
- Sur la séquestration et le traitement des aliénés. *Ibid.*, 1864, iv, 260-67.
- Quelques mots sur les asiles d'aliénés et la loi de 1838; à propos d'une pétition au sénat. *Ibid.*, 1864, iv, 144-58.
- (P.) Traité médico-philosophique sur l'aliénation mentale. 8vo. Paris, 1809.
- Nosographie philosophique. 8°. Paris, 1818.
- (S.) Traité complet du régime sanitaire des aliénés, ou manuel des établissements qui leur sont consacrés. 4°. Paris, 1836.
- PITSCH. Kurze Notizen über die Irrenanstalts-Angelegenheiten in Pommern. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1850, vii, 474-8.
- Ämtlicher Bericht über die Irren- und Siechen- Aufbewahrungs-Anstalt für Altpommern zu Rügenwalde. *Ibid.*, 1845, ii, 641-54.
- PLASENCIA (T. A.) Manicomios de los Estados Unidos y Europa. *Crón. méd.-quir. de la Habana*, 1880, vi, 525 et seq.

- POLCARO (G.) La sezione dei detenuti maniaci presso la casa penale degli invalidi in Aversa. *Arch. ital. per le mal. nerv.*, Milano, 1881, xviii, 242-45.
- POMPONNE (L.-A.) *Considérations sur l'hygiène des aliénés. 4^o. Paris, 1882.
- PONZA (G. L.) Intorno ad alcuni prospetti statistici del manicomio di Alessandria. 4^o. Alessandria, 1863.
- Relazion über die im Auftrage der Versammlung der Aerzte stattgefundene Commissionale Untersuchung der Irren-Anstalt Senavra in Mailand. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1863, x, 2-8.
- POPP (G. J.) Kurze Beschreibungen mehrerer Irrenanstalten Deutschlands, Belgiens, Englands, Schottlands und Frankreichs. 8^o. Erlangen, 1844.
- PORPORATI (M.) Visita al manicomio di Inola. *Arch. ital. per le mal. nerv.*, Milano, 1875, xii, 88-96.
- Osservazioni cliniche e considerazioni intorno alle tavole statistiche dell' anno 1880 del manicomio di Torino. Roy. 8vo. Torino, 1881.
- Rapporto alla direzione dell' interno del cantone di Friburgo sull' ispezione generale degli alienati in questo cantone. Del dottore Girard de Caillex. Bulle 1878. *Gior. d. r. Accad. di med. di Torino*, 1880, 3 s., xxvii, 102-22.
- PRAGUE. Die Reorganisation der Prager Irrenanstalt. Rückblicke eines Unparteiischen. *Ztschr. f. gerichtl. Med.*, Wien, 1866, ii, 140, etc.
- PRATT (F.) The Increase of Insanity in the United States; its Causes and Sources. *J. Am. M. Ass.*, Chicago, 1883, i, 668-75.
- PRÉFARGIER. Maison de Santé de Préfargier, Canton Neuchâtel. Les vingt-cinq premières années de son activité. Rapport par le docteur Chatelain, directeur. 8^o. Neuchâtel, 1874.
- PRESTWICK. Description of County Asylum at . . . Nashville *J. M. and S.*, 1857, xii, 64-6.
- PRINCE. Lunacy Bill; New York State. *Sanitarian*, New York, 1874-5, ii, 176-88.
- PRITCHARD (T.) Statistical Report of the Cases of Insanity treated in the Public Lunatic Asylums of Scotland, for the year 1845-6. *Edinb. M. and S. J.*, 1847, lxvii, 331-45. Also: Reprint.
- Progetto di regolamento per il servizio dei manicomii e dei mentecatti (in applicazione della legge 20 marzo 1865). *Arch. ital. per le mal. nerv.*, Milano, 1875, xii, 253-84.
- Programme d'un hôpital consacré au traitement de l'aliénation mentale pour cinq cents malades des deux sexes proposé au conseil général des hospices civils de Paris, dans sa séance du 15 mai 1821. 4^o. Paris, 1821.
- Projectirte (Die) Irrenheil- u. Pflegeanstalt für das Herzogthum Sachsen-Meiningen bei Hildburghausen. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1859, vi, 3-5.
- Projet de loi portant révision de la loi du 30 juin 1838 sur les aliénés; présenté au nom . . . Bénéphat, Paris, 1883, iii, 482-517.
- Also: *Ann. méd.-psych.*, Paris, 1883, 6 s., ix, 223-70.
- Projet de loi sur les aliénés, rédaction adoptée par la commission du sénat. *Ibid.*, 1884, 6 s., xii, 63-100.
- PROVIDENCE. Butler Hospital for the Insane, at Providence. Charter of the . . . Proceedings under the same. Reports of Trustees, etc. [from organization to Dec. 31, 1846]. 8vo. Providence, 1847.
- Provisional Report of the New York Neurological Society, relative to the subject of Insane Asylum Abuses. *Med. Rec.*, New York, 1879, xv, 600.
- PRUSSIA. Nachrichten über die Provinzial-Irren-Anstalten in Schlesien. 8^o. Breslau, 1874.
- Die Provinzial-Irren-, Blinden- und Taubstummen-Anstalten der Rheinprovinz in ihrer Entstehung, Entwicklung und Verfassung, dargestellt auf Grund eines Beschlusses des 26 rheinischen Provinzial-Landtages vom 3 Mai 1879. 4^o. Düsseldorf, 1880.
- Irrengesetze und Verordnungen in Preussen. 8^o. Berlin, 1863.
- PULIDO. Nuevo manicomio (Madrid). *Anfiteatro anat.*, Madrid, 1877, v, 141.
- PÜTTER. Weidenrinde als Füllung der Bettstellen unsauberer Geisteskranker. *Berl. klin. Wchnschrft.*, 1884, xxi, 750.

Q.

- Quali, quanti e di che provenienza devano essere li individui da ammettersi nel nuovo manicomio Milanese. *Gazz. med. ital. lomb.*, Milano, 1855, 3 s., vi, 422-8.
- QUEBEC. Report of the Managers of the Temporary Lunatic Asylum at Beaupto to the Commissioners [from the opening, Sept. 15, 1845, to Oct. 1, 1848]. 8vo. [Quebec, 1849.]
- The Lunatic Asylums of the Province of Quebec. *Med. News*, Phila., 1884, xlv, 559.
- The Treatment of Lunatics in the Province of Quebec. *Canada M. and S. J.*, Montreal, 1872-3, i, 382-4.
- Quelques (De) désordres de l'intelligence qui peuvent être efficacement combattus sans la condition de l'isolement. *Bull. gén. de thérap.*, etc., Paris, 1842, xxii, 201-9.
- "Quis custodiet custodes?" *J. Psych. M.*, London, 1876, n. s., ii, 116-24.

R.

- RAGGI (A.) Rendiconto statistico sul manicomio provinciale di Pavia in Voghera per gli anni amministrativi 1878-9 al 1881-2. Fol. Pavia, 1879-82.
- Cenni sul manicomio provinciale di Pavia in Voghera. *Bull. d. sc. med. di Bologna*, 1878, 6 s., ii, 37-49.
- RAMMER (I. N.) Ueber die Pflichten des Staates in Bezug auf die Geisteskranken. *Cong. d. sc. méd.*, Comptes-rendu, 1879, Amst., 1881, vi, pt. 2, 188-68.
- Geschichtlicher Ueberblick der öffentlichen Irrenangelegenheiten im Königreiche

- der Niederlande. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1844, i, 80-96.
- RAND (G. D.) New Lunatic Hospital, Worcester, Mass. *Am. Architect*, Boston, 1876, i, 141, 2 pl.
- RANSE (F. de). Le service des aliénés. *Gaz. méd. de Paris*, 1880, 6 s., ii, 53, 65.
- RANSE (De), DONADIEU et COLLINEAU. Du placement des aliénés dans les asiles publics du département de la Seine. Rapport à la société médico-pratique, Paris. *Union méd.*, Paris, 1873, 3 s., xvi, 949-54.
- Rapport du ministre de l'intérieur et des cultes au président de la République sur la constitution d'une commission chargée d'étudier les réformes qui peuvent comporter la législation et les règlements concernant les aliénés. *Progrès Méd.*, Paris, 1881, ix, 223.
- RAY (J.) The Popular Feeling towards Hospitals for the Insane. *Am. J. Insan.*, Utica, New York, 1852-3, ix, 36-65. Also: Reprint.
- Ideal Characters of the Officers of a Hospital for the Insane. *Ibid.*, 1873-4, xxx, 64-83. Also: Reprint.
- The Cost of constructing Hospitals for the Insane. *J. Nerv. and Ment. Diseases*, Chicago, 1878, n. s., v, 47-50.
- The Isolation of Persons in Hospitals for the Insane. *Alienist and Neurol.*, St. Louis, 1880, i, 449-65. Also: *Penn. Monthly*, Phila., 1880, xi, 22-37. Also: Reprint.
- The Butler Hospital for the Insane, Providence, R. I. *Am. J. Insan.*, Utica, New York, 1848-9, v, 1-24, 1 pl., 1 ch.
- Confinement of the Insane. 8vo. Boston, 1869. Repr. from *Am. Law Rev.*, Jan. 1869.
- Address delivered on the Occasion of laying the Corner-stone of the State Hospital for the Insane, at Danville, Pa., Aug. 26, 1859. 8vo. Harrisburg, 1869.
- American Legislation on Insanity. *Am. J. Insan.*, Utica, New York, 1864-5, xvi, 21-56.
- Project of the Law determining the Legal Relations of the Insane. *Ibid.*, 1850-51, vii, 215-34.
- RAYNER (H.) Large Asylums for the Insane. *Lancet*, London, 1882, ii, 1109.
- Relative Cost of Large and Small Asylums. *J. Ment. Sc.*, London, 1883-4, xxix, 1-3.
- The Lunacy Law Amendment Bill. *Specialist*, London, 1881-2, ii, 43.
- The Future of Insanity considered in relation to Legislation. *J. Ment. Sc.*, London, 1884, n. s., xxx, 338-53.
- RAWLINSON (G.) History of Ancient Egypt. 8vo. London, 1811.
- RECH. Maison des aliénés de Montpellier (1 janvier 1826 jusqu'au décembre 1828). *Mémor. d. hôp. du midi*, Paris, 1829, i, 99-125.
- REED (B.) The Insufficiency of the Laws governing Commitments to Asylums for the Insane, with Reports of Cases. *Phila. M. Times*, 1882-3, xiii, 258-63. Also: Reprint.
- Réflexions sur l'établissement des aliénés à Cadix. *Bull. Soc. de méd. de Gand*, 1841, vii, 239-42.
- REICH (H.) Ueber acute Seelenstörung in Gefangenhaft. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1870-71, xxvii, 405-72.
- REIMER. Zur Reform der Irrenanstalten. *Jahresb. d. Gesellsch. f. Nat. u. Heilk. in Dresden*, 1877, 65-9.
- (H.) Fortschritte in der Entwicklung der Irrencolonien in Deutschland. *Deutsche med. Wchnschrft.*, Berlin, 1876, ii, 37-40.
- REISSNER. Die Irren und Siechen-Zählung im Grossherzogthum Hessen vom Jahre 1880. 4°. Darmstadt, 1883.
- Remarks upon the Report of the Metropolitan Commissioners on Lunatic Asylums. 8vo. London, 1845.
- Remédios Monteiro. O asylo dos alienados de S. João de Dios. *Gaz. med. de Bahia*, 1880-81, 2 s., v, 205-62.
- RÉMUSAT (C.) Circulaire ministérielle du 14 Août 1840. [Relative to the Law of Aug. 30, 1838, concerning the Confinement of the Insane.] *J. de méd. ment.*, Paris, 1861, i, 94-6.
- RENAUDIN. Des asiles projetés de la Seine. *Ann. méd.-psych.*, Paris, 1864, 4 s., iii, 339.
- (E.) De l'organisation d'un asile d'aliénés. *Ann. méd.-psych.*, Paris, 1861, 3 s., vii, 598-610.
- Asile de Maréville près Nancy. *Ibid.*, 1855, i, 615-38.
- (L.-F.-E.) Administration des asiles d'aliénés. *Ann. méd.-psych.*, Paris, 1845, v, 74, etc.
- Notice statistique sur les aliénés du département du Bas-Rhin, d'après les observations recueillies à l'hospice de Stephansfeld, pendant les années 1836, 1837, 1838, 1839. 8°. Strasbourg, 1840.
- Commentaires médico-administratifs sur le service des aliénés. 8°. Paris, 1863.
- (M.) Surveillance des asiles publics d'aliénés. *Ann. méd.-psych.*, Paris, 1848, xi, 401-10.
- Report on the construction of Hospitals for the Insane made by the Standing Committee of the Association of Medical Superintendents of American Institutions for the Insane, at its Meeting in Philadelphia, May 21, 1851. *Am. J. Insan.*, Utica, N.Y., 1851-2, viii, 79-81.
- Report "on the Organization of Hospitals for the Insane", made by the Standing Committee of the Association of Medical Superintendents of American Institutions for the Insane, at its Meeting in Baltimore, May 10, 1853. *Ibid.*, 1853-4, x, 67-89.
- Report of the Committee upon the Treatment of the Insane of the State and Observations upon the Management of County Insane Hospitals. *Tr. M. Soc. Mich.*, Lansing, 1871, 23-31.
- Report on the Propriety of having an Assistant Female Superintendent for the Female Department of every Hospital for the Insane under the control of the State. *Tr. M. Soc. Penn.*, Phila., 1878, xii, pt. 1, 167-79.
- Report of the Committee of the Ohio Legislature on the Longview Asylum at Cincinnati. *Neurol. Contrib.*, New York, 1879, i, 97-101.
- Report from the Select Committee of the

- House of Commons, appointed to inquire into the state of Lunatics. *Edinb. M. and S. J.*, 1808, iv, 129-51.
- Report (The) of the Lunacy Law Committee of the House of Commons, 1878. *J. Ment. Sc.*, London, 1878, xxiv, 279-91.
- Report from the Select Committee of Lunacy Law, with the Proceedings of the Committee: ordered by the House of Commons to be printed, 28th March 1878. *Am. J. M. Sc.*, Phila., 1879, n. s., lxxvii, 463-74.
- Report of the Permanent Commission in answer to the Senate Resolutions of January 4, 1882, in reply to the Letter of the Attorney-General and State Commissioner in Lunacy of the State of New York. *Med.-Leg. J.*, New York, 1883-4, i, 25-43.
- Report of the Select Committee on proposed Amendments to the Lunacy Laws. *Ibid.*, 54-81.
- Report of the Committee on the Admission of Patients into Insane Asylums. *Tr. M. Soc. Penn.*, Phila., 1869, 5 s., ii, 318-28.
- Resolutions offered by Dr. Kirkbride, and unanimously adopted by the Association of Medical Superintendents of American Institutions for the Insane, at the meeting in Toronto, June 7, 1871. [On the Construction and Organisation of Hospitals for the Insane.] 4to. [Toronto, 1871.]
- Responsibility of Asylum Superintendents. *Am. J. Insan.*, Utica, New York, 1879-80, xxxvi, 259-93.
- REVOLAT (E. B. père). Aperçu statistique et nosographique de l'asile des aliénés de Bordeaux, et onze tableaux, suivis de quelques extraits d'observations cliniques et d'autopsies. 4°. Bordeaux, 1846.
- REY (P.) Notes sur quelques asiles d'aliénés de l'Amérique du Sud, du Portugal et de l'Espagne. *Ann. méd.-psych.*, Paris, 1879, 6 s., ii, 263-9.
- Asiles d'aliénés de l'Autriche, de la Hongrie et de la Bavière. *Ibid.*, 1883, 6 s., x, 92.
- Établissements d'aliénés: l'hospice Pédro II et les aliénés au Brésil. *Ibid.*, 1875, xiii, 75-98.
- REYNOLDS (B. A.) Insane Hospitals. *N. Orl. M. and S. J.*, 1875-6, iii, 361-72.
- RHEINAU. Die Pflege-Anstalt Rheinau im Canton Zürich. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1869, xxvi, 196-223.
- RHINE PROVINCE. Die Provinzial-Irren-Blinden- und Taubstummen-Anstalten der Rheinprovinz in ihrer Entstehung, Entwicklung und Verfassung dargestellt auf Grund eines Beschlusses des 26 Rheinischen Provinzial-Landtages vom 3 Mai 1879. 4°. Düsseldorf, 1880.
- RHODE ISLAND. Report on the Poor and Insane in Rhode Island. Made to the General Assembly. By Thomas R. Hazard. 8vo. Providence, 1851.
- RIBONI (L.) Rendicomi dei pazzi ricoverati nel triennio 1857-8-9 nell'ospizio di sanità, gla stabilimento Dufour. *Gazz. med. ital. lomb.*, Milano, 1860, 4 s., v, 109-11.
- RIDDER (L. de). Recherches statistiques sur les aliénés en Belgique en 1874. *Ann. Soc. méd.-chir. de Liège*, 1875, xiv, 16-22.
- RIEDEL (J. G.) *Prag's Irrenanstalt und ihre Leistungen in den Jahren 1827, 1828 und 1829, nebst den Anzeigen zur Einsendung in die öffentliche Anstalt, den Bedingungen zur Aufnahme in dieselbe, der Art der Transportirung, und der Behandlung der genesenen Geisteskranken. 8°. Prag, 1830.
- Rapport der k. k. Irrenanstalt zu Prag für die Jahre 1835-41. *Med. Jahrb. d. k. k. oesterr. Staates*, Wien, 1841, xxxvi, 42, etc.
- RIEGER. Ueber die Irrenabtheilung des Juliuspitals zu Würzburg, und die Verhältnisse der Geisteskranken in Unterfranken überhaupt. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1883, xxxix, 577-600.
- RIPPING. Reisebericht über eine psychiatrische Reise in England und Schottland. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1874-5, xxxi, 97, 253.
- RISTELHUEBER. Notice sur le service des aliénés de l'hôpital civil de Strasbourg; extraite d'un rapport à l'administration des hospices civils. *Arch. méd. de Strassb.*, 1835, i, 102-11.
- RITTER und BOLZE. Die Irrenhausfrage in Böhmen. *Prag. med. Wchnschr.*, 1864, 194 et seq.
- RITTI (A.) Le nouveau projet de loi sur les aliénés à l'académie de médecine. *Gaz. hebdom. de méd.*, Paris, 1884, 2 s., xxi, 169-73.
- RIVET (Mme. M.) Les aliénés dans la famille et dans la maison de santé. 8°. Paris, 1875.
- ROBBINS (T.) An Address delivered at the Retreat for the Insane, in Hartford, at the Dedication of that Institution. 8vo. Hartford, 1824.
- ROBERTSON (A.) Notes of a Visit to Canadian Asylums. *Glasgow M. J.*, 1868-9, n. s., i, 482-89.
- Notes of a Visit to American Asylums. *J. Ment. Sc.*, London, 1869-70, xv, 49-80.
- On Boarding the Insane in Licensed Private Houses. *Ibid.*, 1870-71, xvi, 411-16.
- (C. L.) Pavilion Asylums. *J. Ment. Sc.*, London, 1866-7, xii, 467, etc.
- A Visit to the Lunatic Hospital at Granada. *Ibid.*, 1868-9, xiv, 192-94.
- A Descriptive Notice of the Sussex Lunatic Asylum, Hayward's Heath (opened 25 July 1859). *Ibid.*, 1859-60, vi, 247-83, 1 pl. Also: Reprint.
- On the want of a Middle-class Asylum in Sussex, with suggestions how it may be established. *Ibid.*, 1862-3, viii, 465-82. Also: Reprint.
- The Care and Treatment of the Insane Poor. *Ibid.*, 1867-8, xiii, 289-306. Also: Reprint.
- The Insane in Private Dwellings. *Lancet*, London, 1869, ii, 787, and 1882, i, 123.
- On the several Means of providing for the yearly Increase of Pauper Lunatics. *J. Ment. Sc.*, London, 1864-5, x, 471.
- Remarks upon a recent attempt at the Comparative Statistics of Bethlehem Hospital and of the English County Asylums. *Ibid.*, 1865-6, xi, 305-17.
- Lunacy in England. *J. Psych. M.*, London, 1881, n. s., vii, 174-92.
- ROBINSON (A. C.) Report of the Lunatic

- Department of the Baltimore Alms House. *Maryland M. and S. J.*, Baltimore, 1842, ii, 32-48.
- ROBINSON (G.) On the Home Treatment of the earlier Stages of Insanity. *Lancet*, London, 1863, ii, 724, etc.
- RODA. Herzöglich-Sachsisch-Mtenburgische Irren- und Krankenanstalt "Genesungshaus zu Roda". Nachrichten über die . . . Zur Erinnerung an das 25 jährige. Bestehen der Anstalt unter höher Genehmigung mitgetheilt von deren Director, F. E. Maeder. 4^o. Roda, 1873.
- RODENBACH (C.) Considérations sur les colonies de fous. *Biblioth. méd.*, Brux., 1823, v, 619-32.
- RODRIGUEZ (M.) Estadística de los manicomios españoles. *Gac. méd. de Cataluña*, Barcel., 1880, iii, 651, 679.
- RODRIGUEZ MENDEZ (K.) El manicomio. *Rev. méd. de Sevilla*, 1884, iv, 229.
- ROGERS (J. W.) A Statement of the Cruelties, Abuses, and Frauds which are practised in Madhouses. 2 ed. 8vo. London, 1816.
- (T. L.) On the best means of providing for the Care and Maintenance of Pauper Lunatics of the demented and imbecile Class. *J. Ment. Sc.*, London, 1877-78, xxiii, 324-29.
- ROLLER. Das Irrenwesen im Grossherzogthum Baden. Verbesserungen, Ereignisse und Zustände vom Jahre 1854. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1855, xii, 256-67.
- Zur Irrengesetzgebung. *Ibid.*, 1877, xxxiv, 418-37.
- Ueber Benützung der Irrenanstalt als psychiatrisches Klinikum, über das Studium der Psychiatrie im Allgemeinen und über das in Frage gestellte Unglück der Irren. *Ann. d. Staatsarzkn.*, Tübing., 1838, iii, 164-81.
- Ueber Aufnahme-Bestimmungen in Irrenanstalten und Anstalts-Statuten überhaupt. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1867, xxiv, 642-59.
- Die württembergischen Aerzte und Pfarrer Blumhard. Ein Beitrag zur Geschichte des Irrenwesens in Württemberg. *Ibid.*, 1852, ix, 609-12.
- (C. F. W.) Grundsätze für Errichtung neuer Irrenanstalten, insbesondere der Heil- und Pflegeanstalt bei Achern im Grossherzogthum Baden. 8^o. Karlsruhe, 1838.
- Die Irrenanstalt in Rom. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1854, xi, 263-68.
- Psychiatrische Zeitfragen aus dem Gebiet der Irrenfürsorge in und ausser den Anstalten und ihren Beziehungen zum staatlichen und gesellschaftlichen Leben. 8^o. Berlin, 1874.
- Fürsorge für die Irren ausserhalb der Anstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1878, xxxv, 512-19.
- ROME. Manicomio di S. Maria della Pietà di Roma. Rapporti statistiche del . . . per gli anni 1861 e 1862. 4^o. Roma, 1864.
- Rendiconto statistico-clinico per gli anni 1872-3, redatto per cura dei dottori A. Solivetti, P. Fiordispini, P. Solfanelli sotto la direzione G. Girolami. Roy. 8vo. Roma, 1874.
- RONQUILLO Y MORER (C.) El manicomio del presente y del porvenir. *Independ. méd.*, Barcel., 1883-4, xix, 25-9.
- RORIE (J.) Remarks on the Lunacy Acts (Scotland) in so far as they refer to the admission of patients into, and their discharge from, Lunatic Asylums. *J. Psych. M.*, London, 1876, n. s., ii, 59-69.
- Analysis of the Evidence of the Dillwyn Committee in so far as it refers to the Scotch Lunacy Acts and their Administration. *Ibid.*, 1878, n. s., iv, 44-61.
- RÖSCH (K.) Ueber Heil- u. Pflege-Anstalten für blodsinnige mit besonderer Rücksicht auf die in Württemberg bestehenden den Anstalten dieser Art. *Ztschr. f. d. Staatsarzkn.*, Erlangen, 1851, lxi, 241-76.
- ROSMINI (G.) Intorno al manicomio di Reggio, Bologna, Roma, Aversa, Venezia e Firenze. *Arch. ital. per le mal. nerv.*, Milano, 1869, vi, 358, etc.
- RÖTEL. Die Irrenanstalten, ihre Einrichtung und ihr Wirken. *Jahresb. d. Kurmark. Hilfsw. f. Geisteskr.*, 1874, Neustadt-Elberswalde, 1875, ii, 9-20.
- ROTHMEL. Ueber die Unzweckmässigkeit, in Marburg eine Irrenheilanstalt zu errichten. *Ztschr. f. d. ges. Heilk.*, etc., Kassel, 1842, i, 1 Hft., 138-51.
- ROTHÉ (A.) Die russische Gesetzgebung in Beziehung auf Geisteskranke. *Psychiat. Centralbl.*, Wien, 1876, vi, 125, 138.
- Das Hospital St. Johanni a Deo oder die Irrenanstalt für männliche Kranke in Warschau. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1868, xxv, 625-51.
- O pielegnowaniu obłąkanych i urządzaniu dla nich Zakładów. [Care of the Insane. Chief Insane Asylums of Europe.] *Pam. Towarz. Lek.*, Warszaw, 1869, lxi, 8, 63.
- ROTHENBERG. Bethlehem Hospital und die Commission für das Irrenwesen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1856, xiii, 237-55.
- ROTTERDAM. Statistiek der krankzinnigen verpleging in het gesticht te Rotterdam. *Geneesk. Courant*, Tiel, 1874, xxviii, No. 23.
- ROUVY. L'article 29 de la loi du 30 juin 1838. *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 270-88.
- ROUSSEAU. De la capacité civile des asiles d'aliénés d'origine départementale. *Cong. internat. de méd. ment.*, 1878, Paris, 1880, 77-88.
- Compte-rendu médical de l'asile d'aliénés d'Auxerre, pour les années 1859 et 1877. *Bull. Soc. méd. de l'Yonne*, 1860, Auxerre, 1861, 87-107, etc.
- ROUSSELIN. De l'utilité de la séquestration au début des maladies mentales au point de vue du double intérêt de la société et de l'aliéné. *Ann. méd.-psych.*, Paris, 1865, 4 s., v, 455-70.
- ROUSTAN (F.) De la séquestration arbitraire dans les maisons de Santé. Nécessité d'adoucir et de modifier le régime de ces établissements et d'en réformer le haut personnel désigné dans une liste spéciale. 8^o. Paris, 1870.
- ROWLEY (E. B.) Observations on the Ad-

- vantages to be derived from increased Accommodation for the Insane, on the beneficial effects that would attend a more extended application of Moral Treatment, and on the probable cause of the high rate of mortality in almost all County Asylums. *Prov. M. and S. J.*, London, 1845, 301-6.
- ROYLE (J. F.) An Essay on the Antiquity of Hindoo Medicine. 8vo. London, 1837.
- RUER (W.) Nachrichten über die Irrenanstalt zu Marsberg, nebst Bemerkungen über die Behandlung der Irren. *Ztschr. f. psych. Aerzte*, Leipzig, 1819, ii, 72.
- Fernere Nachrichten über die Irrenanstalt zu Marsberg. *Ztschr. f. d. Anthropol.*, Leipzig, 1823, 447-56.
- General-Uebersicht über die Irrenanstalt zu Marsberg, vom Jahre 1814-33. *Med. Ztg.*, Berlin, 1834, iii, 51-4.
- Irrenstatistik der Provinz Westphalen mit Hinweisung auf die medicinisch-topographischen Verhältnisse sämtlicher einzelnen Kreise derselben. 8°. Berlin, 1837.
- RUFZ et DE LUPPÉ. Mémoire sur la maison des aliénés de Saint-Pierre, Martinique. *Ann. d'hyg.*, Paris, 1856, 2 s., v, 169, 420.
- RUMBALL (J. Q.) A Letter to the Lord Chancellor upon Insanity. 2nd ed. 8vo. London, 1843.
- RÜPPELL (J.) Summarischer Bericht über die Irrenanstalt bei Schleswig den Zeitraum von 1820 bis 1870 umfassend. 4°. Hamburg, 1872.
- RUSSIA. Die Umgestaltung und Einrichtung der Irrenpflege in Russland. *Deutsche Ztschr. f. d. Staatsarzntz.*, Erlang., 1868, n. F., xxvi, 357.
- RUTTER (H. C.) Lunatic Asylums: Some Observations on President Murphy's Address before the Ohio State Medical Society. *Cincin. Lancet and Clinic*, 1880, n. s., v, 375-79.
- RYAN (E., D.D.) The History of the Effects of Religion on Mankind. 8vo. Edinburgh, 1806.
- S.
- SAARGEMÜND ASYLUM. *Vide* L. Klasen, *Grundriss Vorbilder*, p. 398, fig. 377-78.
- SABLER. Statistische Uebersicht der Irrenanstalt in Moskau für das Jahr 1841. *Mitth. a. d. Geb. d. Heilk.*, Leipzig, 1845, 139-48.
- SÁ e VARCONCELLOS (L. J. de) e CUNHA VIANNA (F. J. da). Hospital de S. José; de algumas causas da grande mortalidade neste estabelecimento; meios de as remover, ou attenuar. *J. Soc. d. sc. med. de Lisb.*, 1852, 2 s., xi, 241.
- SAGRA (R. de la). Statistique des aliénés et des sourds-muets dans les Etats-Unis de l'Amérique du nord. *Ann. méd.-psych.*, Paris, 1843, i, 281-88.
- SAINT CLEMENT'S (THE) ASYLUM at Venice. *J. Psych. M.*, London, 1878, n. s., iv, 113-15.
- A Visit to . . . *Ibid.*, 1875, n. s., i, 132.
- SAINT GALLEN. Rede zur Eröffnung der 1. Generalversammlung des St. Gallischen Hilfsverein für genesende Gemüthskranke von Dr. Zinn. 8°. St. Gallen, 1869.
- SAINT LUKE'S HOSPITAL FOR LUNATICS. Reasons for the establishing and further encouragement of . . . together with the Rules and Orders of the Government thereof, and a List of the Governors and Benefactors, etc. Sm. 4to. London, 1834.
- Report on the Administration of St. Luke's Hospital for Lunatics. *Brit. M. J.*, London, 1869, i, 168.
- Saint Luke's Hospital for the Insane. *Builder*, London, 1860, xviii, 43.
- SAINT PETERSBURG. Uebersicht des St. Peterburgischen Irrenhauses in den letzten zehn Jahren. . . . *J. d. pract. Heilk.*, Berlin, 1831, lxxii, 4 St., 83-90.
- SAINT PIRMINSBURG. Heil- u. Pflegeanstalt St. Pirminsburg. Inspektionsbericht. 19, 1874. 8°. St. Gallen, 1875. See, also, *infra*.
- Zwanzigster und einundzwanzigster Inspektionsbericht der Heil- u. Pflegeanstalt St. Pirminsburg pro 1877-78. In: *Jahresk. ü. d. Kantonspital zu St. Gallen* (1877), 1878, v, 33; (1878), 1879, vi, 23.
- ST. THOMAS and BETHLEHEM HOSPITALS. *Builder*, London, 1863, xxi, 301.
- SALOMON (E.) Anteckningar rörande sinnessjukvården i Stor-Britannien och Irland samt om Gheel och öppna sinnessjukanstalter. *Med. Arch.*, Stockholm, 1864-5, ii, No. 5, 4 plans.
- Sinnessjukvårdsanstalterne vid Göttingen, Hildesheim, Heppenheim, Dartford och Broadmoor's Criminal Lunatic Asylum; åtgärder för Kriminal patienters behandling och vård. *Hygiea*, Stockholm, 1867, xxix, 193-200.
- SAMPLE (T. G.) Dixmont Investigation. Pittsburg, April 26, 1883. . . . Fol. Pittsb., 1883.
- SAMSON (G. von). Beitrag zur Geschichte der Irrenfürsorge in Russland. *St. Petersb. med. Ztschrift.*, 1865, ix, 72-86.
- SANBORN (F. B.) The Hospital-Palace at Danvers. Argument before the Committee to investigate the Cost of the Danvers Hospital. April 20, 1877. 8vo. [n. p., n. d.]
- SANCHEZ (F.) Memoria y datos estadísticos sobre "el nuncio de Toledo". *Anfiteatro anat.*, Madrid, 1877, v, 209, 223, etc.
- SANDBERG. Klinisk Femtenaarsberetning fra Gaustad Asyl [1855-70]. *Norsk. Mag. f. Lægevidensk.*, Christiania, 1871, i, 405, 545. Also: Reprint.
- Om Syndssygecolonier. *Förh. v. de Skandin. Naturforsk.*, Stockholm, 1865, 564-70.
- Retslaegen liggeover for tvivlsomme mentale Tilstande. *Norsk. Mag. f. Lægevidensk.*, Christiania, 1870, xxiv, 633-43.
- SANDEL. Die Bedürfnisse des Irrenwesens in Württemberg. *Med. Cor.-Bl. d. württemb. ärztl. Vereins*, Stuttgart, 1863, xxxiii, 328.
- SANDER (W.) Ueber die staatliche Beaufsichtigung der preussischen Irrenanstalten nebst einigen darauf bezüglichen Vorschlägen. *Vrtjhr. f. gerichtl. u. off. Med.*, Berlin, 1865, n. F., iii, 181-262.
- Sardinian Law of Lunacy. *J. Psych. M.*, London, 1857, x, 817-19.
- SAUNDERS (T. J.) Lunatic Asylums, and

- the Duty of Physicians respecting them. *N. Jersey M. Reporter*, Burlington, 1850, iii, 114-21.
- SAUZE. Sur la folie pénitentielle. *Ann. méd.-psych.*, Paris, 1857, 3 s., iii, 28-56. Also [Abstr.]: *Gaz. d. hôp.*, Paris, 1857, xxx, 206-9.
- SCHAEFER. Aerzte- und Wärterschutz gegen Beschädigung durch Geisteskranke. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1883, xl, 284-99.
- SCHÄFFLE. Bericht der Finanzcommission der Kammer der Abgeordneten betreffend die Exigenzen aus Restmitteln für eine neue Irrenanstalt in Tübingen. *Med. Cor.-bl. d. württemb. ärztl. Verein*, Stuttgart, 1866, xxxvi, 152, etc.
- SCHASCHING (M.) Die oberösterreichische Landesirrenanstalt zu Niederrhart bei Linz. 8°. Linz, 1873.
- SCHIEBER. Einige Notizen über das Irrenwesen der Donaufürstenthümer. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1869, xvi, 23-6.
- SCHETKY (S. A.) Report of the Asylum for Military Lunatics, at Fort Clarence, from its establishment in May 1819 to May 1823. *London M. and Phys. J.*, 1824, ii, 462-74.
- SCHLAGER (L.) Allgemeines über die Organisation und Administration des inneren Lebens einer Irrenanstalt. *Ztsch. d. k. k. Gesellsch. d. Aerzte zu Wien*, 1859, xv, 705, 727.
- Zur Irrenhausfrage. *Allg. Wien. med. Ztg.*, 1867, xii, 233, etc.
- Zur Frage der Gesundheitserklärung von aus Irrenanstalten gegen Revers entlassenen, nicht unter Curatel stehenden Geistesgestörten. *Ibid.*, 1876, xxi, 4, 11.
- Ueber die sogenannte Leinwandzelle zur Isolirung von zur Selbstschädigung geneigten Geistesgestörten und über die Beleuchtung der Isolirzellen in Irrenanstalten. *Ibid.*, 1882, xxvii, 519, 531. Also: *Mitth. d. Wien. med. Doct.-Col.*, 1882, viii, 345-50.
- Ueber vermeintliche widerrechtliche Internirung von Personen in Irrenanstalten. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1883, xl, 1-53.
- Ueber den Bau einer neuen Landes-Irrenanstalt für Ober-Oesterreich. *Oesterr. Ztschr. f. pract. Heilk.*, Wien, 1863, ix, 766-73.
- Ueber das Bauprogramm der Landes-Irrenanstalt auf dem Leopoldsfelde bei Ofen. *Ibid.*, 1858, 569-76.
- Das kaiserliche Irrenhaus und die äussere Ringstrasse Wiens. *Wchnbl. d. k. k. Gesellsch. d. Aerzte in Wien*, 1862, xviii, 113-18.
- Reiseskizzen aus Norwegen und Schweden. *Oesterr. Ztschr. f. prakt. Heilk.*, Wien, 1863, ix, 63, etc.
- Skizzen zum Kapitel über Privat-Irrenanstalten. *Wien. med. Wchnschr.*, 1861, xi, 412, 437, 453.
- Sind in Privat-Irrenanstalten untergebrachte minderjährige Geisteskranke der civilgerichtlichen Personalinstanz anzuzeigen oder nicht? *Ibid.*, 1866, xvi, 1545, 1561.
- Studien zur Irrenpflege. *Wchnbl. d. k. k. Gesellsch. d. Aerzte in Wien*, 1861, xvii, 128-31.
- Zur Frage der Gesundheitserklärung von aus Irrenanstalten gegen Revers entlassenen, nicht unter Curatel stehenden Geistesgestörten. *Allg. Wien. med. Ztg.*, 1876, xxi, 4, 11.
- Der heutige Stand der öffentlichen Irrenfürsorge in Oesterreich. *Arch.f. Psychiat.*, Berlin, 1868, i, 159-72.
- Ueber die Verhandlungen der deutschen Irrenärzte zu Landau und Speyer im Jahre 1861, und über die Irrencolonie zu Gheel und den Besuch holländischer Irrenanstalten. *Wien. med. Halle*, 1862, iii, 119, etc.
- SCHLESWIG. Reglement für die Verwaltung der provincialständischen Irrenanstalt von Schleswig. 4°. Kiel, 1876.
- Summarischer Bericht über die Irrenanstalt bei Schleswig den Zeitraum von 1820 bis 1870 umfassend. 4°. Hamburg, 1872.
- SCHMIDT (E.) Zum Schutz der Irren. Eine Darlegung ihrer Verhältnisse mit Vorschlägen zur Verbesserung, begründet und begleitet von einer sechsjährigen Statistik der Abtheilung für heilbare Irre im Julius-hospitale zu Würzburg, nebst Krankengeschichten. 8°. Würzburg, 1856.
- Entwurf eines Irrengesetzes. *Bl. f. gerichtl. Anthropol.*, Nürnberg, 1857, viii, 3 Hft., 45-50.
- SCHNEEVOOGT (G. E. V.) Bedenkingen tegen de scheidung van geneeskundige gestichten en bewaarplaatsen voor krankzinnigen aangenomen bij het wetsontwerp van 1840. 8°. Amsterdam, 1841.
- SCHNIEBER. Mittheilungen über die Irrenanstalt zu Sorau in der Nieder-Lausitz. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1845, ii, 68, etc.
- SCHOLZ. Ueber die Irrenpflege in Bremen. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1884, xl, 885-93.
- SCHÖNBERG (A. von). Ein Wort über die Irrenanstalt in Aversa. *Mag. d. ausl. Lit. d. ges. Heilk.*, etc., Hamb., 1825, ix, 465-88.
- SCHREIBER. Ueber die leitenden Grundsätze bei der Wahl des Ortes für die in Kurbessen zu errichtende Irrenheilanstalt. *Ztschr. f. d. Staatsarznei.*, Erlang., 1849, lvii, 367-78.
- SCHRÖDER VAN DER KOLK. Statistische Angaben betreffend die Zahl der Verpflegten in der Irrenheil- u. Pflegeanstalt zu . . . für das Jahr 18 . . . (vorgelegt der psychiatrischen Section zu Aachen). *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1838, v, 231-38.
- (J. L. C.) Oratio de debita cura infaustam maniacorum sortem emendandi eosque sanandi in nostra patria nemis neglecta. 8°. Traj. ad Rhenum, 1837.
- SCHROETER (R.) Die horizontale und vertikale Trennung der Abtheilungen in der Irrenanstalt. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1881, xxxvii, 634.
- Psychiatrische Reiseskizzen aus Oesterreich und Italien. *Ibid.*, 1877, xxiv, 49-78.
- Il nuovo manicomio femminile di San Clemente. *Ibid.*, 58-62.

- Zur landwirthschaftlichen Beschäftigung der Irren. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1883, xxxix, 818-34.
- SCHÜCK. Wahnsinn im Zuchthause. *Jahrb. d. Gefängniskunde*, Frankf. a. M., 1843, ii, 266-80.
- SCHULTZ (A.) Das Irrenwesen Russlands. *St. Petersb. med. Ztschr.*, 1863, iv, 363-92.
- (S. S.) On Asylum Location, Construction, and Sanitation. *Am. J. Insan.*, Utica, New York, 1884-5, xli, 203-16. Also: Reprint.
- Gheel. *Tr. M. Soc. Penn.*, Phila., 1882, xiv, 103-213.
- Address on Mental Disorders. *Ibid.*, 1881, xiii, pt. 2, 561-69. Also: Reprint.
- SCHWABE. Die offene Heilanstalt für beginnende Psychosen. *Deutsch. Klinik*, Berlin, 1874, xxvi, 17, 25.
- Die offene Heilanstalt für beginnende Psychosen zu Blankenburg (Thüringen). *Ibid.*, Berlin, 1874, xxvi, 16, 25. Also: Reprint.
- SCHWARZ (O.) Ueber die gleichzeitige Benützung gewöhnlicher Krankenhäuser zur Heilung und Pflege der Irren. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1863, xx, 32-50.
- Ist die Trennung der heilbaren von den unheilbaren Geisteskranken in den Anstalten vom Standpunkte der Medicinal-Polizei nothwendig? *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwied, 1857, iv, 33-5.
- Das Irrenhaus eine Welt im Kleinen, und die Welt ein Irrenhaus im Grossen. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1857, xiv, 411-28.
- SCHWARZER (F. X.) Bericht über die Wirksamkeit der Privatirrenheilanstalt in Ofen von ihrer Eröffnung. . . *Ztschr. f. Nat. u. Heilk. in Ungarn*, Oedenburg, 1856, vii, 57, etc.
- SCHWEIGGER. Bemerkungen über Krankenhäuser und besonders Irrenanstalten in England und Schottland. *J. d. prakt. Heilk.*, Berlin, 1817, xlv, 1 st., 3-32, 2 pl.
- SCOTT (F.) The English County Asylums. *Fortnightly Rev.*, London, 1879, n. s., xxvi, 114.
- SEEBOHM. Bericht über die Privatanstalt zu Königshof. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1875, xxvi, 687-96.
- SEGUIN (E. C.) Lunacy Reform. II. Insufficiency of the Medical Staff of Asylums. [Edit.] *Arch. Med.*, New York, 1879-80, ii, 310.
- Notes on Spanish Asylums for the Insane. *J. Nerv. and Ment. Dis.*, New York, 1883, x, 379-420.
- Lunacy Reform; Historical Considerations. *Arch. Med.*, New York, 1879-80, ii, 184-98. Also: Reprint.
- SEIFERT (G.) Die Irrenheilanstalt in ihren administrativen, technischen und therapeutischen Beziehungen nach den Anforderungen der Gegenwart dargestellt von . . . Nebst den Plänen einer Heilanstalt für 200 Kranke, entworfen von Architekt E. Giese in Dresden, 1862. [Gekronte Preisschrift.] Roy. 8vo. Leipzig u. Dresden, 1862.
- Schatten und Licht aus den öffentlichen Irrenanstalten in Paris. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1857, xiv, 599-605.
- Asile de Quatre-Mares. *Ibid.*, 1853, x, 281-86.
- Ueber englische Irrenanstalten. *Ibid.*, 1852, ix, 221-33.
- Colney Hatch. *Ibid.*, 1852, ix, 41-53.
- Zum Irrenwesen der Lombardei. *Ibid.*, 1856, xiii, 97-122.
- Zum Irrenwesen der Schweiz. *Ibid.*, 221-30.
- SEIP (M. S.) Woodilee, a Model Lunatic Asylum. *Phila. M. Times*, 1882-3, xiii, 188-90.
- SELMER (H.) Den norreyjdske Helbredelsesanstalt for Syndssyge i 1857-69. Biblioth. f. Laeger, Kjøbenhavn, 1858, 4 r., xiii, 135, etc. Also, transl. [Extr.] for the year 1862-3: *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied., 1864, vii, 72, etc.
- Geschichtliches über das Irrenwesen in Danemark. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1851, viii, 220-35.
- SEMAL (F.) Rapport sur l'organisation du service des aliénés en Belgique. *Bull. Soc. de méd. ment. de Belg.*, Gand, 1873, No. 1, 29, etc.
- De la loi sur le régime des aliénés et des réformes à y apporter. Rapport à la fédération médicale. Analyse par le docteur B. C. Ingels. *Ibid.*, 1873, No. 2, 50-69.
- De la situation morale et légale et du placement des aliénés criminels et dangereux (avec discussion). *Cong. period. internat. d. sc. méd.*, Compte-rendu, Brux., 1875, Brux. et Paris, 1876, iv, 693-735.
- De la loi sur les aliénés et des réformes à y apporter. Rapport lu en séance extraordinaire de la Fédération médicale belge, le 20 novembre 1872. 8°. Brux., 1872.
- De la loi sur les aliénés et des réformes à y apporter. 8°. Brux., 1872.
- SENELAIGNE. De la réorganisation du service des aliénés dans le département de la Seine. *J. de méd. ment.*, Paris, 1862, ii, 360-94.
- Separate Institutions for certain classes of the Insane. *Am. J. Insan.*, Utica, New York, 1881-2, xxxviii, 236-52.
- SEQUEIRA (J. de G.) Considerações geraes sobre os hospitaes d'alienados; necessidade da creação de um asylo, a elles especialmente destinado em nossa provincia. *Gaz. med. da Bahia*, 1866, i, 14, 29.
- SEYMOUR (E. J.) A Letter to the Earl of Shaftesbury on the Laws which regulate Private Lunatic Asylums. With a comparative view of the process of lunatico inquirendo in England and the Law of "interdiction" in France. 8vo. London, 1859.
- SHAW (A. B.) Visitation of the Insane by their Friends. *St. Louis Cour. Med.*, 1883, ix, 408-503.
- (T. C.) Large Asylums for the Insane. *Lancet*, London, 1883, i, 252.
- On Large and Small Asylums. *J. Ment. Sc.*, London, 1883-4, xxix, 205.
- SHEAREK (G.) Notes in regard to the prevalence of Insanity and other Nervous Diseases in China. *J. Ment. Sc.*, London, 1875-6, xxi, 31-40.

- SHELFORD (L.) Practical Treatise on the Law concerning Lunatics, Idiots, and persons of unsound mind, with an Appendix of the Statutes of England, Ireland, and Scotland, relating to such persons and precedents and bills of costs. 8vo. London, 1833.
- SHEPPARD (E.) "Lunacy Law Reform." *Lancet*, London, 1882, i, 204.
- SHEW (A. M.) The Insane Colony at Gheel. *Proc. Connect. M. Soc.*, Hartford, 1879, lxxxviii, 153-61. Also: *Am. J. Insan.*, Utica, New York, 1879-80, xxxvi, 18-27.
- History and Description of the Connecticut Hospital for the Insane. 8vo. Middletown, 1876. Also, in: *Am. J. Insan.*, Utica, New York, 1876, xxxiii, 1-20.
- A Glance at the Past and Present Condition of the Insane. *Rep. Connect. Hosp. Insane*, 1878-9, Middletown, 1880, xiv, 12-18. Also: Reprint.
- SHTENBERG (S.) Prockte upravljenija psichiatricheskoi chastiou ve Rossii. [Plan for control of matters relating to Insane in Russia.] *Sborn. sochin. po sudebnoi med.*, St. Petersburg, 1879, iii, 75.
- SIBBALD (J.) The Cottage System of Gheel. *J. Ment. Sc.*, London, 1861-2, vii, 31-61.
- The Cottage System and Gheel: an Asylum Tract. *J. Ment. Sc.*, London, 1860-62, vii, pl. 2, 31-61. Also: Reprint.
- SIDNEY (E.) Progress and Prospects of Earlswood Asylum for Idiots. 12mo. London, 1867.
- SIEMENS (F.) Ueber die practischen und rechtlichen Verhältnisse bei Entweichung von Geisteskranken aus der Anstalt. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1881-2, xxxviii, 713-17.
- SILVA BEIRÃO (C. M. F. da) Discurso recitado na Sociedade das sciencias medicas de Lisboa na sessão solenne anniversaria de 10 de junho de 1849. *J. Soc. de sc. med. de Lisb.*, 1849, 2 s., iv, 321.
- Breves considerações estatísticas acerca do hospicio di alienados de Rilhafoles des de janeiro a junho de 1849, tempo em que dirigi aquelle estabelecimento. *Ibid.*, 1851, 2 s., ix, 9-29, 1 tab.
- Apontamentos para a historia dos alienados em Portugal. *Ibid.*, 1847, 2 s., i, 29, 101, 146.
- SIMON (G. E.) China: its Social, Political, and Religious Life. 8vo. London, 1887.
- (T.) Einige Notizen über das Broadmoor Criminal Lunatic Asylum. *Vierteljahrsschr. f. gerichtl. u. off. Med.*, Berlin, 1867, vii, 175-79.
- Die Irrenzählung in Hamburg vom 3 December 1867. *Berl. klin. Wchnschr.*, 1869, vi, 247-49.
- Die Behandlung geisteskranker Verbrecher vom medicinal-polizeilichen Standpunkt; nebst einer kritischen Zusammenstellung der in Nord-Amerika, Grossbritannien und den Staaten des europäischen Continents hier über geltenden gesetzlichen Bestimmungen. *Ibid.*, Berlin, 1865, n. F., ii, 193-272.
- SIMONART. Quelques mots sur la colonie d'aliénés de Gheel. *Arch. de la méd. belge*, Bruxelles, 1843, x, 92-95.
- Sisterhoods in Asylums. *J. Ment. Sc.*, London, 1866-7, xii, 44-63.
- Six Years' Mortality Statistics in the two Metropolitan Asylums for Imbeciles. *Lancet*, London, 1878, i, 794.
- SLONIMSKI (L. E.) Zakonodatelstvo o dushebnobolnich. [Legislation on the Insane.] *Vestnik. klin. i. sudebnoi psichiat.*, i nevropatol., St. Petersburg, 1883, i, No. 1, 131-60.
- SMETH (J. de). Lettre de M. le docteur . . . médecin en chef de l'asile d'Uccle à M. le président du comité d'inspection des asiles d'aliénés de l'arrondissement de Bruxelles, sur la suppression des fauteuils de gâteaux. *Bull. soc. de méd. ment. de Belg.*, Gand, 1875, vi, 83-91.
- SMITH (E. A.) A Lecture introductory to the thirteenth annual course of Lectures and Evening Entertainments at the Pennsylvania Hospital for the Insane, at Philadelphia. 8vo. Phila., 1857.
- (S.) Remarks on the Lunacy Laws of the State of New York, as regards the provisions for Commitment and Discharge of the Insane. *Am. J. Neurol. and Psychiat.*, New York, 1883, ii, 157-79. Also: *Am. J. Insan.*, Utica, New York, 1883-4, xl, 50-70.
- (W.) Practical Observations relative to certain points at issue between two of Her Majesty's Commissioners in Lunacy and three non-medical Governors of the Lincoln Lunatic Hospital. *Med. Times*, London, 1847, xvi, 133-36.
- Practical observations relative to the Management of the Insane. *Ibid.*, 1847, xvi, 273, etc.
- On the present State of Lunacy, and of Lunatic Asylums, and on the Nature and Treatment of Mental Derangement. *Lon. M. Gaz.*, 1850, n. s., x, 58, etc.
- Remarks on the Board of Commissioners in Lunacy and the Mode in which its Duties are performed, as instanced in the Atrocities of Haydock Lodge. *Lancet*, London, 1846, ii, 401-3.
- SMOLER (M.) Brande in Irrenanstalten. *Prag. med. Wchnschr.*, 1878, iii, 163, 174.
- Bemerkungen zum Neubau einer Irrenanstalt zu Böhmen. *Vierteljahrsschr. f. d. prakt. Heilk.*, Leipzig, 1875, cxxvii, 49-78.
- SNAPE (C.) A Letter to the Committee of Visitors of the Surrey Lunatic Asylum in reference to the case of Daniel Dolley (deceased). 8vo. London, 1856.
- SNELL. Ueber eine psychiatrische Reise in Holland, Belgien und Frankreich. *Ber. u. d. Versamml. deutsch. Irrenärzte*, Berlin, 1864, 17.
- Die Ackerbaucolonie in Einum. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1875, xxxi, 675-79.
- Ueber die Behandlung der Geisteskranken ausserhalb der Irrenanstalten. *Ibid.*, 1872-3, xxix, 106-12.
- Beitrag zur Beurtheilung der Gefährlichkeit Geisteskranker. *Deutsch. Ztschr. f. d. Staatsarznk.*, Erlangen, 1855, n. F., vi, 283-324.
- (L.) Die neuerbaute Heil- u. Pflegeanstalt Eichberg im Herzogthume Nassau.

- Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1851, viii, 80-97, 1 pl.
Reise-Erinnerungen aus der Schweiz. *Ibid.*, 1852, ix, 200-20.
- SNYDER. Eine niederländische Irren-Colonie. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwid, 1873, xix, 161-63.
- SOLBRIG. Blicke auf die Entwicklung des Irrenanstaltswesens in Bayern im Laufe des letzten Decenniums. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1855, xii, 401-24.
Mittheilungen aus der Irrenheil- und Pflegeanstalt zu Erlangen. *Ibid.*, 1851, viii, 32-55.
Bericht aus der Kreisirrenanstalt in München. *Ibid.*, 1862, xix, 117-19.
- SOLINI (P. J.). Otchet o sostoyanioldailiniya umopomwishannikh bolainzikh pri Tiflisskom voennom gosptalai s' 190 aprilya 1871 po 1 e aprilya 1872 g. [Report on the Condition of the Division for Mental Disorders in the Military Hospital at Tiflis.] Protok. zasaid. *Kavkazsk. med. Obsh.*, Tiflis, 1873, 538.
- SOMMER (W.). Beiträge zur Kenntniss der criminellen Irren. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1883, xl, 88-178.
- SONDÉN (C. U.). Om sjukvården för sinnessjuka uti Sverige. *Tidskr. f. Lak. o. Pharm.*, Stockholm, 1837, vi, 166-79.
Notizen über die Irrenanstalten Schwedens. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1848, v, 58.
Uppfordran till vederbrörande att tidsegligt reglera vården om sinnessjuka. [Rules for the Care of the Insane.] 8°. Stockholm, 1847.
- SONDEREGGER. Uebersicht der in 10 Jahren (1. Januar 1870 bis 12. November 1879) in St. Pirminsberg behandelten Geisteskranken, nach Bezirken geordnet. *Jahresb. u. d. Verwalt. d. San.-Wes. d. Kantons St. Gallen*, 1880, St. Gallen, 1881, 205, 210, 1 pl.
- SPAMER (C.). Ist allen psychisch Kranken der dauernde Anstaltsaufenthalt (bis zur vollendeten Genesung) vortheilhaft? *Arch. f. Psychiat.*, Berlin, 1877-8, viii, 454-59.
— Die k. k. Militär-Irrenheilanstalt zu Tyrrau. *Militärarzt*, Wien, 1878, xii, 19, 28, 36.
- SPARRE (G. A.). Om de af Svenska staten vidtagna åtgärder för sinnessjukas vård och behandling. [Care of the Insane in Sweden through the agency of the State.] 8°. Stockholm, 1852.
- Speeches of Baron Henry de Worms (Chairman) and other gentlemen, at the thirty-second Anniversary Festival of the Earlswood Asylum, May 20, 1879. 12mo. Earlswood, 1879.
- SPEGLER (L.). Erinnerungen aus der Irrenanstalt zu Prag. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1846, iii, 267-82.
Ein Besuch in der dänischen Irrenanstalt Bidstrupgaard auf der Insel Seeland. *Deutsche Klinik*, Berlin, 1853, v, 83.
Ein Besuch in Lindenhof. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwid, 1855, ii, 81.
Ueber die Geisteskrankheiten im Orient. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1848, 605-21.
- SPITZKA (E. C.). Asylum Reform and its Opponents, as illustrated by Dr. Grissom. *St. Louis Clin. Record*, 1887-88, v, 246-52.
Merits and Motives of the Movement for Asylum Reform. *J. Nerv. and Ment. Dis.*, Chicago, 1878, n. s., iii, 694-714.
Asylum Abuses. *Med. Rec.*, New York, 1878, xiii, 299.
The Maria Ottmer Homicide, as illustrating the Defects in the Medical Management of the Asylums under the Administration of the Commissioners of Charities and Correction. *Gaillard's M. J.*, New York, 1880, xxx, 506-19.
- SPONHOLZ (C. M. F.). Statistische Nachweisungen über Frequenz und Cur-Erfolge der ständischen Land-irrenanstalt der Kurmark in Neu-Rippen während der dreijährigen amtlichen Wirksamkeit. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat., etc.*, Neuwid, 1858, v, 89-32.
Statistik der ständischen Landirrenanstalt der Kurmark zu Neu-Rippen pro 1858-61. *Ibid.*, 1859, vi, 177 et seq.
Bericht über die Provinzial-Irrenanstalt zu Neustadt-Eberswalde. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1867, xxiv, 501-30, 3 pl.
- SPRAY (J. C.). Construction of Hospitals for the Insane. *Chicago M. J. and Exam.*, 1884, xlviii, 390-400.
The Insane Hospital as a Therapeutic Implement. *Am. J. Neurol. and Psychiat.*, etc., New York, 1884, iii, 366-432.
- SPRENGEL (C.). Versuch eines pragmat. Geschichte d. Arzneykunde. Wien, 1821-40.
- SPURZHEIM (C.). Rückblicke auf die öffentlichen Irrenanstalten der Provinz Nieder-Oesterreich. *Oesterreich. med. Wchschrft.*, Wien, 1847, 737-769.
Die k. k. Irrenanstalt zu Ybbs an der Donau in Niederösterreich. *Ibid.*, 1844, 141, 173.
- STAATS CURATELE (De) van den krankzinnige. *Geneesk. Courant*, Tiel, 1874, xxviii, Nos. 44-8.
- STAHL (F. K.). Amtlicher Bericht über die Reform der Irrenanstalt St. Georgen bei Bayreuth in den Jahren 1853 und 1854. *Allg. Ztschr. f. Psychiat., etc.*, Berlin, 1855, xii, 575-604.
- STALLARD (J. H.). Pauper Lunatics and their Treatment. *Tr. Nat. Ass. Promot. Soc. Sc.*, 1869, London, 1870, 465-77. Also: Reprint.
- STAMMHEIM. Heil- u. Pflegeanstalt für körperlich oder geistig leidende. Unter der Leitung von Dr. v. Orelli, dirigirender Arzt. 4°. Wülflingen, 1873.
- STANLEY (Miss). Hospitals and Sisterhoods. 8vo. [n. p., 1854.]
- STARK (C.). Die Heilanstalt Kennenburg, ihre Lage, Einrichtungen und Leistungen, innerhalb der letzten neun Jahre. Ein Rechen-Schaftsbericht. 8°. Stuttgart, 1869.
- STARK (W.). Remarks on the Construction of Public Hospitals for the Cure of Mental Derangement. 4to. Edinburgh, 1807.
- STATE CHARITIES AND ASSOCIATION. No. 22. Suggestions for the use of Visitors to

- the Insane, being a brief Essay on the Care and Cure of Insane Patients. [By Florence Bayard Lockwood.] 8vo. New York, 1880.
- Ditto. No. 37. Lunacy Legislation in England. [By Abby H. Woolsey.] The Condition of Lunatics in Scotland. Papers prepared by Members of the Committee on the Insane, Nov. 1884. 8vo. New York, 1884.
- STEARNS (H. P.) The Care of some classes of the Chronic Insane. *Arch. Med.*, New York, 1881, v, 28-43.
- STEENBERG. Om Danmarks Sindssygevaesen. *Hosp.-Tid.*, Kjøbenhavn., 1881, 2 R., viii, 521, 541.
- Om Sindssygehospitalerne i Paris. *Ibid.*, 1867, x, 177.
- STEINEN (Von den). Our Asylums as seen by a competent foreign Visitor. *Arch. Med.*, New York, 1880, iii, 231-42. Also: Reprint.
- STEVENS (H.) Insane Colony of Gheel. *Asylum J. Ment. Sc.*, London, 1857-8, iv, 426-37.
- (T. M.) The Treatment of the "Criminal Insane". *Indiana J. M.*, Indianap., 1871-2, ii, 314-22.
- STEWART (H. G.) Statistics of Insanity of the Crichton Royal Institution, Dumfries. *J. Ment. Sc.*, London, 1865-6, xi, 151-73. Also: Reprint.
- (R.) Insanity and Hospitals for the Insane, Public and Private, in Ireland, in 1873. *J. Ment. Sc.*, London, 1875-6, xxi, 104-18. Also: Reprint.
- STILES' (H. R.) The Need of certain Improvements in present Methods of caring for the Insane. *Tr. Homœop. M. Soc. N. Y.*, Havana, 1883, xviii, 177.
- STOKES (W. H.) Rejoinder to an Editorial Article in the *American Journal of Insanity*, containing Strictures upon the Mount Hope Institution. *Buffalo M. J.*, 1848-9, iv, 372-74.
- STOLZ. Bericht über die Irrenabtheilungen in der Salpêtrière, über die Privat-Irrenanstalten bei Ivry Venres und über die Nouvelle strête in Bicêtre. *Med. Jahrb. d. k. k. Oesterr. Staates*, Wien, 1848, kxiv, 379, etc.
- STONEHOUSE (J. B.) Historical Retrospect of the Care of the Insane. *Med. Ann.*, Albany, 1884, v, 129-41.
- STOKER (H. R.) On Insane Asylums. *Tr. Am. M. Ass.*, Phila., 1866, xvii, 397-406.
- STOUT (A. B.) Probationary Asylums for the Insane. *Tr. M. Soc. Calif.*, Sacramento, 1871-2, 158-62.
- Report on Probationary Asylums for the Insane in large Cities. *Rep. Bd. Health Calif.*, 1871-3, Sacramento, 96-102.
- STRIBLING (P. T.) Qualifications and Duties of Attendants on the Insane. *Am. J. Insan.*, Utica, New York, 1852-3, ix, 97-103.
- STUEB (H. H.) Notes on the Parisian Lunatic Asylums. *J. Psych. M.*, London, 1843, i, 100-11.
- SURREY (County of). Correspondence between the Committee of Visitors, the Commissioners in Lunacy, and the Secretary of State for the Home Department, relative to the Enlargement of the Asylum. 8vo. London, 1847.
- Report of the Committee of Magistrates appointed to consider and report on the Report of the Committee of Visitors of the . . . with respect to the best Means by which increased Accommodation may be provided for the Pauper Lunatics of the County. 8vo. [London, 1858.]
- Report of the Committee of Visitors, with reference to the Provision of additional Accommodation for the Pauper Lunatics of the County. 8vo. [London, 1859.]
- Special Report of the Committee of Visitors respecting the Erection of additional Buildings at Springfield, for the Accommodation of Pauper Lunatics belonging to the County of Surrey. 8vo. London, 1850.
- Special Report of the Committee of Visitors on the reference of the Court respecting the best Means by which increased Accommodation may be provided for the Pauper Lunatics of the County. 8vo. [London, 1858.]
- Description of a proposed new Lunatic Asylum for 650 Patients on the separate Block System for the County of Surrey. *J. Ment. Sc.*, London, 1861-2, vii, 600-8, 1 pl.
- SUTHERLAND (H.) Notes of a Visit to the Asylum of St. Anne at Paris. *J. Psych. M.*, London, 1877, n. s., iii, 309.
- Another Failure of the Lunacy Law Reformers. *Ibid.*, 1882-3, n. s., viii, 187-90.
- SVETLIN (W.) Anstaltsbehandlung oder häusliche Pflege der Geisteskranken? [From *Ber. ü. d. Privatheilanst. f. Gemüthsk. u. d. Erdberge* 24. Wien, iii.] *Med.-chir. Centralbl.*, Wien, 1884, xix, 553, etc.
- SWALME (A. van der). Lettre adressée au secrétaire de la Société par M. le dr. . . (Sur les asiles d'aliénés néerlandais.) *Bull. Soc. de méd. ment. de Belg.*, Gand, 1874, No. 3, 42-9, 1 tab.
- SWAVING (C.) Een woord over de zaak van de plaatsing van het Krankzinnigengesticht te Buitenzorg op Java. *Nederl. Tijdschr. v. Geneesk.*, Amst., 1874, x, 1 Afd., 45, 61, 77.
- Het Krankzinnigengesticht se Tjekema, afdeling Buitenzorg, residentie Batavia. *Ibid.*, 1875, xi, 1 Afd., 593-97.
- SWEDEN and NORWAY. Oversigt over Sindsyge asylernes Virksomhed i Aarene 1872-9. Udgiven af Direktøren for det civile Medicinalvaesen. 4°. Christiania, 1873-80.
- Norges officielle Statistik, C. no. 56.
- The same. For the year 1881. 8vo. Christiania, 1884. *Ibid.*
- SWITZERLAND. Uebersicht der schweizerischen Irren- u. Idiotenanstalten. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neu-wied, 1876, xxii, 177-92.
- SYKES (W. H.) Statistics of the Hospital for the Insane under the Bengal Presidency. *J. Statist. Soc.*, London, 1845, viii, 58-63.
- SYRACUSE. Asilos par a los idiotas. *Siglo méd.*, Madrid, 1858, v, 417.
- T.
- T. (L.) A Visit to the New State Insane Hospital, near Norristown, Pennsylvania. *Med. and Surg. Reporter*, Phila., 1881, xlv, 388-90.

- Table of Institutions for the Insane in the United States. *Am. M. Times*, New York, 1861, ii, 72.
- Table of Statistics of French Lunatic Asylums, for the year ending June 30, 1856. By M. Alexandre Vattemare. *Ann. J. Insan.*, Utica, New York, 1858-9, xv, 194-99.
- TAGLE Y ALFONSO (M.) *Contributions à l'étude du non-restreint [Paris]. 4°. Le Mans, 1885.
- TAGUET. Étude de la loi sur les aliénés du 30 juin 1838. *Ann. méd.-psych.*, Paris, 1875, 5 s., xiii, 220-31.
- TAMASSIA (A.) Il nuovo codice penale italiano e la pazzia parziale. *Riv. sper. di freniat.*, Reggio-Emilia, 1876, ii, 177-206.
- TAMBURINI (A.) Des établissements pour les aliénés en Italie. *Inst. san. en Italie*, Milan, 1885, 168-91.
- Il nuovo manicomio della provincia di Pavia in Voghera. 8°. Milano, 1877. Also: *Arch. ital. per le mal. nerv.*, Milano, 1877, xiv, 215-26, 2 pl.
- Dei manicomi criminali e d'una lacuna nell' odierna legislazione. *Riv. sper. di freniat.*, Reggio-Emilia, 1876, ii, 449-63.
- Sulla legislazione pei manicomi e gli alienati. *Arch. ital. per le mal. nerv.*, Milano, 1881, xviii, 179-94. Also: Reprint.
- I progetti di legge sugli alienati in Italia ed in Francia. *Riv. sper. di freniat.*, Reggio-Emilia, 1883, ix, pt. 2, 10, 100.
- TASSI (F.) Quadri statistici delle infermerie del manicomio di Siena negli anni 1876, 1877, 1878. 4°. Siena, 1877-9.
- TAYLOR (W. C.) State of the Insane Poor in Ireland. *J. Statist. Soc.*, London, 1843, vi, 311-17.
- TERALDI (A.) Delle diverse forme di asili per gli alienati e della opportunità loro considerate specialmente sotto il riguardo medico. *Gior. d. r. Accad. di med. di Torino*, 1864, 2 s., L., 302-20.
- Delle istituzioni che reggono la vita interna degli asili per gli alienati. *Ibid.*, 373, 418.
- TEILLEUX. La criminalité en Espagne pendant l'année 1859, considérée sous le rapport médico-psychologique. *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 257-69.
- TEIXEIRA BRANDAO. Des établissements d'aliénés au Brésil. *Ann. méd.-psych.*, Paris, 1884, 6 s., xi, 277-83.
- TELLEGEN. Leek of ordebroeder. *Nederl. Tijdschr. v. Geneesk.*, Amst., 1884, xx, 383.
- Over dwang in't algemeen, over grilles in't bijzonder. *Psychiat. Bl.*, Dordrecht, 1884, ii, 227.
- TENNESSEE. New Tennessee Hospital for the Insane. *Nashville J. M. and S.*, 1851, i, 209.
- TENON (J. K.) Mémoires sur les hôpitaux de Paris. 4°. Paris, 1788.
- THEOBALD (S.) Some Account of the Lunatic Asylum of Kentucky. *Transyl. J. M.*, Lexington, Ky., 1829, ii, 500; 1830, iii, 79.
- THOMAS (Mary F.) Women Physicians in Hospitals for Insane Women. *Tr. Indian. M. Soc.*, Indianapolis, 1880, xxx, 184-92. *Ibid.*, 1884, xxxiv, 203. Also: *Fort Wayne J. M. Sc.*, 1884-5, iv, 246.
- THOMSON (D. G.) Treatment of the Insane in Private Houses. *Lancet*, London, 1881, ii, 524.
- (J. B.) The Criminal Lunatics of Scotland. *J. Ment. Sc.*, London, 1867-8, xiii, 1-7.
- Criminal Lunacy in Scotland from 1846-70, both inclusive. *Edin. M. J.*, 1871-2, xvii, 21-9.
- THORNTON (S. C.) Report of Committee on Insanity. *Tr. M. Soc. New Jersey*, Newark, 1880, cxiv, 147.
- THURNAM (J.) The Statistics of the Retreat; consisting of a Report and Tables . . . 1796 to 1840. 8vo. York, 1841.
- Observations and Essays on the Statistics of Insanity; including an Inquiry into the Causes influencing the Results of Treatment in Establishments for the Insane; to which are added the Statistics of the Retreat, near York. 8vo. London, 1845.
- TIGGES. Statistik der Erblichkeit betreff die Kinder und die Geschwister der in die Anstalt Aufgenommenen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1878, xxxv, 485-511.
- TITUS (Ann H.) Lunatic Asylums: their Use and Abuse. 12mo. [New York, 1870.]
- TODI (G.) Statistica medica del manicomio provinciale di Verellei dal 1° gennaio al 31 dicembre 1871. 8°. Verellei, 1872.
- I pazzi cronici. Lettera agli onorevoli signori consiglieri provinciali. 4°. [n. p., n. d.]
- TOLLEMER (A.) Des origines de la Charité catholique. 8°. Paris, 1863.
- TOLLER (E.) Suggestions for a Cottage Asylum (with Plans). *J. Ment. Sc.*, London, 1864-5, x, 342-49, 2 pl. Also: Reprint.
- TÖLTÉNYI (S.) Közlemények utazási naplójából; az elmekórosok apolási rendszereiről. [Management of the Insane Asylums in Europe.] *Orvosi Társ.*, Pest., 1845, i, 1, etc.
- TONER (J. M.) Contributions to the Annals of Medical Progress and Education in the United States, before and during the War of Independence. 8vo. Washington, 1874.
- TONINO (G.) Sopra alcuni manicomi di Francia e Svizzera con brevi parole sopra altri d'Inghilterra ed Italia. *Gior. d. r. Accad. di med. di Torino*, 1864, 2 s., xlix, 483, etc.
- Note Statistiche del regio manicomio di Torino. *Ibid.*, 1865, 2 s., liv, 157, etc.
- Ricordi del manicomio di Macerata. *Gior. internaz. d. sc. med.*, Napoli, 1880, ii, 1256-68.
- TORRES (R.) De la locura y los manicomos. *España méd.*, Madrid, 1850, iv, 524, etc.
- TOSELLI (E.) Delle malattie mentali curate nel manicomio della provincia di Cuneo in Racconigi nel quinquennio 1871-5. Reso conto statistico. 4°. Saluzzo, 1876.
- TOTT (C. A.) Kurze Beschreibung der beiden Irrenheilanstalten im Grossherzogthume Mecklenburg-Schwerin. *Jahrb. d. ges. Staatsarznei.*, Leipzig, 1835, i, 2 Hft., 57-9.
- Ueber Irre und Irrenanstalten in den nordamerikanischen Freistaaten. *Ibid.*, 1839, v, 11-10.
- TOURNELE (F.) Sprawozdanie z podróży odbytej do Niemiec i innych krajów zachod-

- nięj Europy, w celu zwiedzenia wazniejszych zakladow dla oblatkanych. *Pam. Towarz. Lek.*, Warsaw., 1869, lxi, 119-53, 2 tab.
- TOURTELLOT (L. A.) The Supervision of Insane Asylums. *Med. Rec.*, New York, 1880, xvii, 553.
- The Authority of Superintendents of Insane Asylums. *Med. Leg. J.*, New York, 1884-5, ii, 366-74.
- Observations on European Insane Asylums. *Psych. and Med. Leg. J.*, New York, 1875, n. s., ii, 240-55.
- Utica Asylum Investigation. *Am. Psych. J.*, Phila., 1884-5, ii, 31-40.
- The Commitment of the Insane. *Med. Rec.*, New York, 1878, xiii, 259.
- The Senate Committee on the Insane Asylums of New York. *J. Nerv. and Ment. Dis.*, New York, 1882, n. s., vii, 349-58.
- TRÉLAT (U.) Recherches historiques sur la folie. 8°. Paris, 1839.
- TRIBOLET. Die neu errichtete Privatirrenheilanstalt im Schlosse zu Bümpliz bei Bern. *Schweiz. Ztschr. f. Med. Chir. u. Geburtsh.*, Zürich, 1855, xi, 361.
- TROMPEO (B.) Sul r. manicomio di Genova. Lettera al prof. Puccinotti. *Ann. Univ. di med.*, Milano, 1844, cx, 219-23. Also: Reprint.
- Saggio sul R. manicomio di Torino con alcuni cenni intorno all' indole ed alla cura delle malattie mentali. 8°. Torino, 1829.
- TSCHALLENER (J.) Ueber Wartung und Pflēgung der Irren, nach Herrn Dr. K. E. Kirmsse. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1849, vi, 262-84.
- TUKE (D. H.) Rules and List of the present Members of the Society for Improving the Condition of the Insane; and the Prize Essay entitled "The Progressive Changes which have taken place since the time of Pinel in the Moral Management of the Insane." 8vo. London, 1854.
- Colonial Retrospect. [Insane Asylums in Ontario and Quebec.] *J. Ment. Sc.*, London, 1884-5, xxx, 909-11.
- On the Past and Present Provision for the Insane in the United States. *Ibid.*, 1876-77, xxii, 42.
- Address on the Lunacy Laws. *Lancet*, London, 1880, i, 647-49. Also [Abst., disc.]: *Proc. M. Soc. London*, 1879-81, v, 125-31.
- A few Notes on Lunacy in France, suggested by a recent visit to French Asylums. *J. Ment. Sc.*, London, 1878, xxiv, 444-51.
- Broadmoor, l'asile d'état pour les aliénés criminels d'Angleterre. *Cong. internat. de méd. ment.* (1878), Paris, 1880, 35.
- Bethlem Royal Hospital. *J. Ment. Sc.*, London, 1876, xxii, 201-21.
- The Public Asylums of the Province of Quebec. *Canada M. and S. J.*, Montreal, 1884-5, xliii, 129-43.
- The Asylums of Holland, their Past and Present Condition. *J. Psych. Med.*, London, 1854, vii, 445-67. Also: 8vo. [n. p., n. d.]
- (H.) Private Lunatic Asylums, as contrasted with other residences for the Insane. *Lancet*, London, 1860, ii, 442.
- TUKE (J. B.) Asylums with unclosed doors. *Brit. M. J.*, London, 1880, ii, 189.
- The Cottage System of Management of Lunatics as practised in Scotland, with suggestions for its Elaboration and Improvement. *J. Ment. Sc.*, London, 1869-70, xv, 524-35. Also: Reprint.
- Objections to the Cottage System of Treatment for Lunatics as it now exists, and suggestions for its Improvement and Elaboration. *Edinh. M. J.*, 1868, xiii, 916-18.
- (S.) A Letter on Public Lunatic Asylums. 12mo. New York, 1815.
- Description of the Retreat, an institution near York, for Insane Persons of the Society of Friends, containing an account of its Origin and Progress, the Modes of Treatment and a Statement of Cases. 8vo. York, 1813. Also, transl. in: *Samml. f. d. Heilk. d. Gemüthskrankh.*, Elberfeld, 1822, i, 3-264, 2 pl.
- TULLIDGE (W.) Description of the Royal Hospital for the Insane at Palermo. *Boston M. and S. J.*, 1835, xii, 37-42.
- TURCK. De la possibilité et de la convenance de faire sortir certaines catégories d'aliénés des asiles spéciaux et de les placer, soit dans des exploitations agricoles, soit dans leurs propres familles: résumé. *Cong. méd. de France 1864*, Paris, 1865, ii, 628.
- (H. J. de). Établissements d'aliénés en Espagne. *Bull. Soc. de méd. de Gand*, 1841, vii, 287-89.
- TURIN. Regio manicomio di Torino. Relazione sul conto consuntivo dell' anno 1880. [Giuseppe Talone, relatore.] Roy. 8vo. Torino, 1881.

U.

- ULLERSPERGER. Mittheilungen über diespanischen Irrenanstalten. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Newwied, 1864, xi, 291-98.
- Irrenhäuser in Spanien. *Ibid.*, 1867, xiv, 234-39.
- Notizen über Phrenopathien im Oriente. *Ibid.*, 1866, xiii, 33-52.
- (J. B.) Italiens Irrenwesen aus dem laufenden Jahrzehnt. 8°. Würzburg, 1867.
- Ueber Irrenwesen und Irre in Spanien. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Newwied u. Leipzig, 1865, viii, 145-205.
- ULLOA (J. C.) Loquerias. *Gac. méd. de Lima*, 1856, i, No. 11, 8-10.
- Inauguración de las loquerias. *Ibid.*, 1859-60, iv, 385-89.
- UNITED STATES. Insane Hospitals in the United States in operation in May 1838. *Boston M. and S. J.*, 1838, xviii, 309-13.
- Lunatic Asylums of the United States. *Am. J. Insan.*, Utica, New York, 1845-6, ii, 46, 145.
- Congress. Extracts from the Report of the Committee on Expenditures in the Interior Department upon the management of the Government Hospital for the Insane, submitted to the House of Reps., August 2, 1876, by Mr. Mutchler. 8vo. [Washington, 1876.]
- Hospital for the Insane of the Army and

- Navy, and the District of Columbia. [Lithograph of Buildings.] Sen. Ex. Doc. No. 1, 2 sess., 36th Cong. [Washington, D.C., n. d.]
- Department of the Interior. Sketch for a Lunatic Hospital in the District of Columbia. Fol. Washington, 1852.
- Report of the Superintendent [on the erection, fitting up, and organisation] for the year 1854-5. 8vo. [Washington, 1855.]
- Topographical Plan of the Grounds of the . . . 1860. 4to. New York, 1860.
- Ground plan designed by C. H. Nichols, Supt. 4to. New York, 1860.
- Plate of the Grounds of the . . . April 25, 26; May 3, 1867. 4to. [Washington, 1867.]
- Plate of the Survey of the purchase of land called "St. Elizabeth". Surveyed July 3, 1867. 4to. [Washington, 1867.]
- Topographical Map of the Site and Lands of the . . . Fol. [Washington, 1873.]
- Report and Correspondence relating to the release from the . . . of certain persons admitted thereto upon the order of the Authorities of the District of Columbia. 8vo. Washington, 1875.
- Treatment of the Insane in the United States. *J. Nerv. and Ment. Dis.*, Chicago 1880, n. s., v, 115, 293.
- UPTON (J.) A Letter to Sir Richard Carr Lynn, Bart., President of the Royal Hospitals of Bridewell and Bethlem, on the Treatment and Dismissal of the late Medical Officers of those Establishments. 8vo. London, 1816.
- URQUHART (A. R.) On Decoration and Furnishing of Asylums. *J. Ment. Sc.*, London, 1882-3, xxviii, 167-75. Three Australian Asylums: Gladsville Asylum, Sydney; Kew Asylum, near Melbourne; Woogaroo Asylum, near Brisbane. *Ibid.*, 1879-80, n. s., xxv, 480-89.
- UTICA. Brief Description of the State Lunatic Asylum at Utica. *Am. J. Insan.*, Utica, New York, 1847-8, iv, 96, 1 ch.
- Notes on the Ventilation of the . . . *Ibid.*, 1855-6, xii, 182-89.
- UYTERHOEVEN (A.) Note sur l'état actuel des aliénés à Bruxelles. *Ann. Soc. d. sc. méd. et nat. de Brux.*, 1841, 13-21. Also: *Arch. de la méd. belge*, Brux., 1841, iv, 13-21.
- Notice sur la construction et la distribution d'un hospice pour aliénés, avec quelques considérations sur le traitement à instituer contre l'aliénation mentale. *J. de méd. chir. et pharmacol.*, Brux., 1854, xix, 521-28. Also, in his: *Mélanges de chir. d'ophth. et d'hyg. pub.* 8°. Brux., 1859, 131-39.
- V.
- VAN BIEBER (J.) Intermediate Hospitals for the Treatment of Acute Mental Diseases. *Am. J. M. Sc.*, Phila., 1885, n. s., lxxix, 38. Also: Reprint.
- VANGUTSEM et UYTERHOEVEN (A.) Hospices des aliénés de l'hôpital Saint-Jean. *Arch. de la méd. belge*, Brux., 1842, vii, 304-401.
- VAN DEUSEN (E. H.) Provision for the Care and Treatment of the Insane. *Am. J. Insan.*, Utica, New York, 1871-2, xxviii, 514-530.
- VARENTRAPP (G.) Ueber die bisherigen Ergebnisse der Forienkolonien. *Deutsche Vrdlfrschr. f. öff. Gndtspf.*, Braunschweig, 1883, xv, 37-57.
- VASON (J. M.) An Address, entitled, for convenience, "An Old Matter in a New Phase; or a Bird's-eye Peep behind the Scenes, where (the rule and not the exception) is: 'No Punishment but for the already Punished Innocence, and no Safety but for Triumphant Crime.'" 8vo. Atlanta, Ga., 1871.
- VASTEL. Rapport statistique sur la maison d'aliénés du Bon-Sauveur de Caen, pendant les années 1829 et 1830. *Ann. d'hyg.*, Paris, 1832, viii, 223-49.
- VELDHEER (G.) Beschonwingen over den toestand van het krankzinnigenwezen in Nederland, mit proeve van een ontwerp van wet tot afdoende regeling. 8°. 's Gravenhage, 1883.
- VENICE. Tavole statistiche degli alienati che ebbero cura nel decennio 1847-56 inclusive. 8°. Venezia, 1857.
- Die Insel San Servolo bei Venedig. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1870-71, xxvii, 189-99.
- Plan der Irren-Anstalt zu Venedig. [San Servolo.] *Ibid.*, 1863, xx, 284-86, 1 plan.
- Manicomio Femminile Centrale Veneto nell' Isola di S. Clemente presso Venezia. Brevi cenni sul . . . estesi nella circostanza dell'esposizioni di alcuni lavori delle dementi alla grande nostra nazionale in Milano. 8°. Venezia, 1881.
- A Visit to St. Clement's Asylum, Venice. *J. Psych. M.*, London, 1875, n. s., i, 132.
- VERGA (A.) Censimento dei pazzi che trovavansi ricoverati nei manicomii ed ospitali d'Italia l'ultimo giorno dell'anno 1880. *Ann. di Statist.*, Roma, 1882, 3 s., i, 147-83.
- Cenni su l'asilo dei pazzi miserabili della contea di Middlesex a Colney Hatch presso Londra. *Gazz. med. ital. lomb.*, Milano, 1852, 3 s., iii, 116.
- Cenni storici sugli stabilimenti dei pazzi in Lombardia. *Ibid.*, 1844, iii, 343-58. Also: Reprint.
- Il manicomio e la famiglia. *Arch. ital. per le mal. nerv.*, Milano, 1879, xvi, 102, etc.
- VERMEULEN. Considérations pratiques sur les lits des gâteaux employés à l'asile des femmes aliénées et à la maison de santé le Sirop à Gand. *Bull. soc. de méd. ment. de Belg.*, Gand, 1873, ii, 25-34.
- VERMONT. Asylum for the Insane at Brattleboro. Comments of the officers of the . . . on the Report of the Special Commissioners, 1878. 8vo. Brattleboro [1878].
- Review of the Report of the Commissioner of the Insane, by the officers of the . . . 1876. 8vo. Brattleboro [1876].
- Report of Senate and House Committee, on the Insane Asylum of Vermont. 8vo. Rutland, 1878.
- VICTORIA. Report from the Board appointed [Feb. 14, 1876] to inquire into matters relating to the Kew Lunatic Asylum; together with the Minutes of Evidence and Appendix. Fol. Melbourne, 1876.

- VIENNA. Reseantekningar af en Hospitals-läkare. *Hygiea*, Stockholm, 1865, xxvii, 481-91.
- K. k. Irrenheil- und Pflegeanstalt zu Wien. Situationsplan der Garten- und Park-Anlagen. [Mit statistischer Tabelle im Jahre 1855.] Fol. [Wien, 1855.]
- Privatheilanstalt für Gemüthsranke auf dem Erdberge Bericht über deren Geschichte und Thätigkeit, anlässlich des fünfzigjährigen Bestandes und der Uebersiedelung in ein neues Anstalts gebäude zusammengestellt von Dr. Wilhelm Svetlin, Director. 8°. Wien, 1884.
- VIGNA (C.) Rendiconto statistico del frenocomio centrale femminile di S. Clemente per gli anni 1877-80. 8°. Venez., 1882.
- VINGTRINIER. Les aliénés dans les prisons et devant la justice. *Ann. d'hyg.*, Paris, 1852, xlviii, 369, etc.
- VIRGILIO (G.) Sulla statistica del manicomio di Aversa per gli anni 1868-71. Brevi considerazioni di patologia mentale. 4°. Caserta, 1872.
- Sulla istituzione del manicomio criminale in Italia. *Arch. ital. per le mal. nerv.*, Milano, 1877, xiv, 341-68.
- Dei manicomi economici, relazione sui quattro progetti presentati al concorso proclamato dalla Società freniatria nei Congressi di Aversa e Reggio-Emilia. *Atti di Cong. d. Soc. freniat. ital.*, Milano, 1883, iv, 376-408.
- VIRGINIA. Central Lunatic Asylum for the Coloured Insane, at Walter's Grove, near Richmond. Proceedings at the Centennial Celebration of the Opening of the . . . In Annual Report for 1873-4.
- De l'asile des aliénés de la ville de Williamsburg (Virginie). *Ann. méd.-psych.*, Paris, 1862, 3 s., viii, 55-71.
- VISZÁNIK (M.) Die Irrenheil- und Pflegeanstalten Deutschlands, Frankreichs, sammt der Cretimen-Anstalt auf dem Abendberge in der Schweiz, mit eigenen Bemerkungen. 8°. Wien, 1845.
- K. k. Wiener allgemeines Krankenhaus (psychiatrische Abtheilung), Irren-Anstalt. *Arch. Ber. d. k. k. allg. Krankenh. zu Wien* (1849), 1850, 67-83.
- VITRÉ (E. D. de). Observations on the Necessity of an extended legislative Protection to Persons of Unsound Mind. 8vo. London, 1843.
- Voice (A.) from Derby to Bedlam. 8vo. London [1864?].
- VOISIN (A.) De quelques modifications à apporter à la loi de 1838 concernant les aliénés criminels et les rechutes. *France méd.*, Paris, 1882, i, 3-7. Also: Reprint.
- VON IFFLAND (A.) On the Duties and Responsibilities of Physicians to Lunatic Asylums. *Brit.-Am. J. M. and Phys. Sc.*, Montreal, 1848, iv, 154, 177.
- VOPPEL (H.) Aus der Landes-Versorgungs-Anstalt zu Colditz. *Ztschr. f. Med. Chir. u. Geburtsh.*, Leipzig, 1867, n. F., vi, 354, 439.
- Die neue landwirthschaftliche Colonie bei der Landesanstalt zu Colditz. *Irrenfreund*, Heilbr., 1868, x, 161-78.
- Die landwirthschaftliche Colonie der Anstalt Colditz. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1872-3, xxix, 270-315. Also: Reprint.
- Ueber die Fortentwicklung der Meierei "Zschadras" bei der Landes-Irrenanstalt zu Colditz. *Ibid.*, 1875, xxxii, 378-399. Also: Reprint.
- Fernere Nachricht über die Meierei "Zschadras" bei der Irrenanstalt Colditz. *Ibid.*, 1879, xxxvi, 14-32, 1 pl. Also [abstr.]: *Irrenfreund*, Heilbr., 1879, xxi, 118-20.
- Rückblicke auf 50 Jahre einer Irren-Pflegeanstalt [Colditz]. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1879, xxxvi, 564-96.
- W.
- WAHRENDORFF. Ueber den bisherigen Stand der familialen Irrenpflege in Ilten im Anschluss an die dortigen Anstalten. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1875, xxxi, 679-87, etc.
- Ueber den jetzigen Stand der familialen Irrenpflege in Ilten. *Ibid.*, 1882, xxxix, 275-78.
- WALLIS (A.) Geschichtliche und statistische Nachrichten über die ständische Landirrenanstalt der Kurmark zu Neu-Rippen. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1845, ii, 475-505.
- WAIN (R., jun.) An Account of the Asylum for the Insane established by the Society of Friends, near Frankford, in the vicinity of Philadelphia. *Phila. J. M. and Phys. Sc.*, 1825, x, 225-52. Also: *Edinb. J. M. Sc.*, 1826, i, 36-18.
- WALTER. Zur Versorgung der Geisteskranken. Vortrag gehalten in der Generalversammlung des thurgauischen Hilfsvereins für Gemüthsranke am 7 Juli 1879. *Irrenfreund*, Heilbr., 1879, xxi, 129.
- (J. W.) Sketch for a Lunatic Hospital in the district of Columbia. Feb. 28, 1852. Fol. Washington, 1852.
- WALTHER. Die Ueberfüllung der Irrenanstalten, ihre Ursache und Verhütung. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1870, xvii, 516-11.
- Wie sind die Seelenstörungen in ihrem Beginne zu behandeln? oder die Nützlichkeit und Nothwendigkeit der offenen Kur-Anstalten für Nervenranke und Leichtverstimmte. 8°. Neuwied u. Leipzig, 1874.
- WALTON (G. L.) A Visit to the Colony for the Insane at Gheel. *Boston M. and S. J.*, 1883, cviii, 428-30.
- WARD (H. O.) The First Requisites in Physician and Nurse for the Cure of Insanity. 8vo. Phila., 1881.
- WARDNER (H.) Care of the Insane. *Alienist and Neurol.*, St. Louis, 1882, iii, 34-38.
- Care of the Chronic Insane. *Proc. Confer. Char.*, 1883, Madison, Wis., 1884, x, 393-406. Also: Reprint.
- WARIN. Note sur la nécessité de créer un établissement d'aliénés dans le département de la Moselle. *Exposé d. trav. de la Soc. d. sc. méd. de la Moselle*, Metz, 1868, 111-35.
- WARKER (E. Van de). Insane Asylum Management. *Penn. Month.*, Phila., 1877, viii, 618-34.

- WASHINGTON. Re-investigation of Asylum Affairs. Defence of Dr. Stacy Hemenway. . . . 4to. [n. p., n. d.]
- A Supplement to the late Asylum [Territorial Asylum for the Insane at Steilacoom] Controversy. . . . 8vo. Olympia, 1875.
- WATERSTON (R. C.) The Condition of the Insane in Massachusetts. 8vo. Boston, 1843.
- WEATHERLEY (L. A.) The Care and Treatment of the Insane in Private Dwellings. 12mo. London, 1882.
- The Domestic Treatment of the Insane. *Practitioner*, London, 1881, xxvii, 93-99.
- WEBER (L.) On the Admission of Insane Persons to Asylums. *J. Nerv. and Ment. Dis.*, New York, 1884, n. s., ix, 70.
- WEBSTER (C.) Notes on Belgian Lunatic Asylums, including the Insane Colony of Gheel. 8vo. London, 1857.
- (J.) Notes on Belgian Lunatic Asylums, including the Insane Colony of Gheel. *J. Psych. M.*, London, 1857, x, 50, 209.
- The Insane Colony of Gheel Revisited. *J. Ment. Sc.*, London, 1866-7, xii, 327-40.
- Notes of a Recent Visit to Several Provincial Asylums for the Insane in France. *J. Psych. M.*, London, 1851, iv, 127-49.
- Additional Notes on Provincial Asylums for the Insane in France; with a brief Notice of the Institution at Illenau, in the Grand-Duchy of Baden. *Ibid.*, 1852, v, 124, 229, 353.
- Statistics of Bethlem Hospital, with Remarks on Insanity. *Med.-Chir. Tr.*, London, 1843, xxvi, 374-416. Also: Reprint.
- Notes of a Visit to the Public Lunatic Asylums of Scotland. *Proc. M. Soc.*, London, 1856, ix, 51, etc. Also: Reprint.
- WEIR'S (J.) Opera omnia. 4to. Amsterdam [n. d.]
- WELTER. Auf welche Weise können die colossalen Baukosten der Irrenanstalten beseitigt werden? *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1874, xx, 118, 141, 161.
- Die Errichtung einer Irrenheilanstalt für den Regierungsbezirk Cassel. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1869, xvi, 445-61.
- Die Gewerbeordnung und die Privatirrenanstalten. *Cor.-bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1873, xix, 97-100.
- Die Colonisationsfrage. Offenes Sendschreiben an Herrn Dr. Kuhn und andere bekannte Adressen. *Ibid.*, 1873, 129-41.
- WETMORE (E.) Statutory Law of New York regarding the Insane. 8vo. Utica, New York, 1867. Also [Abstr.]: in *Am. J. Insan.*, Utica, New York, 1867-8, xxiv, 155-87.
- What can be done with Criminal Lunatics? *J. Psych. Med. Lond.*, London, 1879, n. s., v, 128-44.
- WHITE (E. W.) Lunacy Law Reform. *Lancet*, London, 1884, ii, 1138.
- WIART. Rapport statistique sur les hommes aliénés du Bon-Sauveur de Caen pendant les années 1874 et 1875. *Année méd.*, Caen, 1876, i, 162-65.
- WICKHAM (R. H. B.) Visits to some Licensed Asylums at Balfron. *Edinb. M. J.*, 1870-71, xvi, 128-35.
- WIEDEMEISTER (F.) Was leistet das zu Gheel ausgeführte System für die Heilung der Kranken? *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1864, xxi, 122.
- Ueber die Errichtung von Specialasylm für verbrecherische Irre. *Ibid.*, 1871-2, xxviii, 176-200.
- WILBUR (H. B.) Buildings for the Management and Treatment of the Insane. *Proc. Con. Char.*, Boston, 1877, iv, 134-60.
- Governmental Supervision in the Management of the Insane. 8vo. Syracuse, 1876.
- Report on the Management of the Insane in Great Britain. 8vo. Albany, 1877.
- Extracts from 20th Annual Report of Commissioners of Lunacy of Scotland for the year 1877, with an Introduction. 8vo. [New York, n. d.]
- Governmental Supervision of the Insane. 8vo. [n. p., 1876.]
- WILKINS (E. T.) The Increase of Insanity and the Commitment of the Insane. *Tr. M. Soc. Calif.*, 1881-2, Sacramento, 1882, xii, 85-95. Also: *Pacific M. and S. J.*, San Francisco, 1882-3, xxv, 102-11.
- Insanity in California. *Tr. M. Soc. Calif.*, Sacramento, 1872-3, 136-57.
- WILKINSON (Sir J. G.) The History of Herodotus. 8vo. [n. p., 1875.]
- WILLARD (The) Asylum and Provision for the Insane. *Am. J. Insan.*, Utica, New York, 1865-6, xxii, 192-212.
- (S. D.) Report on the Condition of the Insane Poor in the county Poor-houses of New York. *Tr. M. Soc. New York*, Albany, 1865, 169-225.
- WILLE. Ueber Irrenpflege und Irrenanstalten. *Vrthjhrsch. f. Psychiat.*, Neuwied, 1868, ii, 354-70.
- Mittheilungen über die oberbairische Kreis Irrenanstalt "auf den Lüften" bei München. *Arch. d. deutsch. Gesellsch. f. Psychiat.*, Neuwied, 1864, vii, 3-40.
- WILLIAMS (J.) The Lunacy Question, or the Lunatic Benefited and Protected; with an Inquiry into Public and Private Asylums. 8vo. London, 1852.
- (S. W. D.) How to relieve our crowded Lunatic Asylums. *Lancet*, London, 1871, ii, 215.
- Our overcrowded Lunatic Asylums. *J. Ment. Sc.*, London, 1871-72, xvii, 515-18.
- WILLING. Bericht über eine Reise durch Holland, Belgien, den nördlichen Theil von Frankreich und die Schweiz. *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1886, xiii, 83-96.
- WILLISON (H. C.) The Present Condition of our Insane. *Proc. M. Soc. Wash. Ter.*, 1874, Olympia, 1875, iii, 14-34.
- WINCHESTER [Mass.] Psychopathic Retreat. Announcement of the Opening of the . . . [reopening at Boston Highlands], 1874. 12mo. Boston, 1874.
- WINES (F. H.) Hospital Buildings for the Insane. *Proc. Confer. Char.*, Boston, 1878, v, 143-51.
- The Insane Hospitals of Europe. *Ibid.*, 1879, vi, 59-73.
- WINGE (P.) Beretning om Christiania Sinds-

- sygeasyls Virksomhed i Aarene 1850-56. *Norsk. Mag. f. Laegevidensk.*, Christ., 1857, xi, 586, etc. Also, transl. [Abstr.]: *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1857, xiv, 566-88.
- WINGETT (T. T.) The Defects of the Lunacy Law: a Vindication of the Decision in the case of Nottidge v. Ripley. 8vo. Dundee, 1849.
- WINN (J. M.) Plain directions for dealing with an Insane Patient. 12mo. London, 1872.
- WINSLOW (F. B.) An Act for the Regulation of the Care and Treatment of Lunatics. With explanatory notes and comments, etc. 8vo. London, 1845.
- Lunacy Legislation. *J. Psych. M.*, London, 1858, xi, 523-35.
- (L. S. F.) Manual of Lunacy. A Handbook relating to the Legal Care and Treatment of the Insane in the Public and Private Asylums of Great Britain, Ireland, United States of America, and the Continent. With a Preface by Forbes Winslow. 12mo. London, 1874.
- A Lunacy Chart. Being a Synopsis of the Lunacy Acts, and having special reference to the management and care of persons of unsound mind. Fol. broadside. London [n. d.]
- WIRTH (F.) Ueber Irrenanstalten und die Vorurtheile gegen dieselben. 8°. Bamberg.
- WISCONSIN. Northern Hospital for the Insane at Oshkosh. Appendix to the Annual Report for the year 1868. [Being the majority and minority reports of the committee . . .] 8vo. [Madison, 1868.]
- The Acts to provide for the Government of the Wisconsin State Hospital for the Insane, at Madison. Also the bye-laws . . . 8vo. Janesville, 1868.
- WISE (P. M.) Asylums in Great Britain; Notes of a Visitor. *Alienist and Neurol.*, St. Louis, 1882, iii, 505-16.
- (T. A.) Practical Remarks on Insanity as it occurs among the Inhabitants of Bengal. *Month. J. M. Sc.*, London and Edinburgh, 1852, xiv, 500, etc. Also: Reprint. Also, transl.: *Ann. méd-psych.*, Paris, 1853, 2 s., v, 654-65.
- WITTFELD. Bericht über die Vorgänge in der Aufbewahrungs- und Heil-Anstalt für Geistes- und Gemüthsranke zu Meurs seit ihrem Bestehen. *Med. Cor.-Bl. rhein. u. westfäl. Aerzte*, Bonn, 1845, iv, 258-65.
- WITZELS (H.) Erziehungs- und Unterrichts-Anstalt für geistig zurückgebliebene Kinder. *Leipzig. Anzeig.* 8°. Leipzig-Reudnitz [1883].
- WOLF (J. R. de). Hospitals for the Insane in British North America. *J. Ment. Sc.*, London, 1868-9, xiv, 466-70.
- WOLKOWA (A. von). Ueber Privat-Irrenanstalten. *Gesundheit*, Ellerbeld, 1878-9, iv, 273-76.
- [WOOD (H. C.)] The New Hospital for the Insane. *Phila. M. Times*, 1878, viii, 324.
- (W.) Insanity and the Lunacy Law. 8vo. London, 1879.
- Description of a new Window for the use of Asylums. *J. Psych. M.*, London, 1851, iv, 149-51.
- On the establishment of a State Asylum. *Asylum J. Ment. Sc.*, London, 1856-7, iii, 395-77. Also: Reprint.
- WOODBURY (F.) Female Assistance in Insane Hospitals. *Med. and Surg. Reporter*, Phila., 1879, xl, 546.
- WORKMAN (B.) Asylums for the Chronic Insane in Upper Canada. *Am. J. Insan.*, Utica, New York, 1867-8, xxiv, 42-51.
- (J.) Asylum Management. *Am. J. Insan.*, Utica, New York, 1881, xxxviii, 1-15. Also [Abstr.]: *Canada Lancet*, Toronto, 1881-2, xiv, 379-83.
- The Public Care of the Insane and the Management of Asylums; Evils of the Spoils System; Medical Superintendents should be trained for their Work. *Alienist and Neurol.*, St. Louis, 1884, v, 492.
- WÖRZ. Die gegenwärtige Irrenfrage. *Med. Cor.-Bl. d. württemb. ärztl. Ver.*, Stuttgart, 1864, xxxiv, 237, 245.
- Unsere Irrenfrage. *Ibid.*, 1865, xxxv, 299.
- WRIGHT and SANDERS. Report of the Architects of the Napa State Insane Asylum. *Rep. Bd. Health Calif.*, Sacramento, 1871-3, ii, 78-82, 3 pl.
- WÜRTEMBERG. Der Etat der württembergischen Irrenanstalten wie er den Ständen für 1873-6 vorgelegt und von diesen genehmigt worden ist. [Auszug.] *Med. Cor.-Bl. d. würt. ärztl. Ver.*, Stuttgart, 1874, xlv, 62.
- WÜRZBURG. Abtheilung für Geistesranke im Julius-Hospitale. Die Irrenanstalt in dem königlichen Julius-Hospitale zu Würzburg und die sechsundzwanzig jährigen ärztlichen Dienstverrichtungen an derselben. Mit einem Anhang von Kranken-Geschichten und Sektions-Berichten. Ein Wort zu seiner Zeit von Doctor Anton Müller. 8°. Würzburg, 1824.
- WUTH. Die Irren-Colonisation. *Ztschr. f. gerichtl. Med.*, Wien, 1868, iv, 2.
- WYMAN (M.) The Early History of the McLean Asylum for the Insane. A criticism of the Report of the State Board of Health for 1877. *Boston M. and S. J.*, 1877, xcvi, 671-87. Also: Reprint.

V.

- YEATS (W.) Remarks on the Present Method adopted for the Disposal and Treatment of the Subjects of Mental Disease. *Edinb. M. J.*, 1875-6, xxi, 21-31.
- YELLOWLEES (D.) Asylum Notes, being the Medical Appendices to the Annual Reports of the Glamorgan County Asylum, Bridgend, Wales, for the years 1867 and 1872. 8vo. Edinburgh, 1873.

Z.

- ZACH (J.) Statistik der steiermärkischen Landes-Irrenanstalt Feldhof. *Jahrb. f. Psychiat.*, Wien, 1879, i, 58.
- Zählung (Die) der Geisteskranken im Grossherzogthume Mecklenburg-Schwerin im Jahre 1865. 8°. Berlin, 1866.
- Suppl. to *Allg. Ztschr. f. Psychiat.*, etc., Berlin, 1866, xxiii.
- ZANI (I.) Dell' aumento della popolazione ne' manicomi, delle cause e de' rimedi.

- Bull. d. sc. med. di Bologna*, 1869, 5 s., viii, 48-113.
- De' manicomj. *Ibid.*, 281, 321.
- Conto statistico del manicomio di S. Lazzaro presso Reggio nell' Emilia. *Arch. ital. per le mal. nerv.*, Milano, 1873, x, 3-28.
- Statistica del manicomio di Bologna. *Bull. d. sc. med. di Bologna*, 1868, 5 s., v, 176, etc.
- Zeitschrift für Bauwesen*. Text and Atlas. For various Asylums considered, see Index. 4to. Berlin, 1851, etc.
- ZILLNER. Zur Irrenstatistik Oesterreichs. *Allg. Ztschr. f. Psychiat.*, Berlin, 1853, x, 296.
- Ueber psychische Jahreszeit-Constitutionen. *Ibid.*, 1859, xvi, 36-47.
- Salzburgisches Irrenwesen. 1870-71, xxvii, 138-43.
- ZIMMER. Die Heil- u. Erziehungs-Anstalt für schwachsinnige Kinder in Mariaberg. *Cor.-Bl. d. deutsch. Gesellsch. f. Psychiat.*, etc., Neuwied, 1855, ii, 105-8.
- ZINN (A.) Die öffentliche Irrenpflege im Kanton Zürich und die Nothwendigkeit ihrer Reform. Mittheilungen gemacht am 24 Januar dervom h. Grossen Rathe zur Untersuchung der Verhältnisse an den kantonalen Krankenanstalten niedergesetzten Kommission. 8°. Zürich, 1863.
- ZUCCCHI. Notizie sul manicomio di Astino. *Gior. d. r. Accad. di med. di Torino*, 1864, 2 s., xlix, 15-21.
- Relazione al consiglio sanitario provinciale di Bergamo sull' accettazione e dimissione dei pazzi nel manicomio provinciale di Bergamo. *Ibid.*, 155-77.
- Sopra uno schema di regolamento per l'accettazione . . . d'Astino. *Ibid.*, 336-47.
- Considerazioni sulla memoria pubblicata nella Gazzetta di Bergamo sul manicomio provinciale di Bergamo in Astino. *Ibid.*, li, 31-51.
- Sopra la colonizzazione dei pazzi. *Ibid.*, xlix, 348-57.
- Alcuni riflessi intorno al progetto di legge sugli alienati e sui manicomi. *Gior. d. soc. ital. d'ig.*, Milano, 1884, vi, 116, 326, 411.
- ZULAWSKI (K.) Sprawozdanie naukowe z ruchu chorych w zakladzie dla obtakaych w Krakowie w ciggu r. 1883. [Medical Report of the Insane Asylum in Cracow.] *Przegl. lek.*, Krakow, 1885, xxiv, 94, 110, 125.
- ZÜRICH ASYLUM. Vide L. Klasen, *Grundriss Vorbilder* p. 391, fig. 363-66, Pl. 75.







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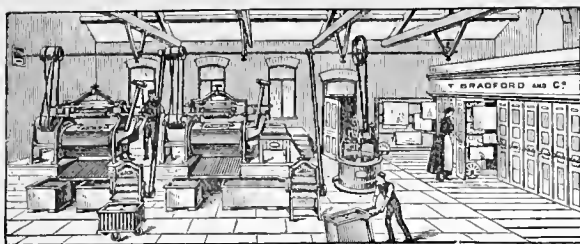
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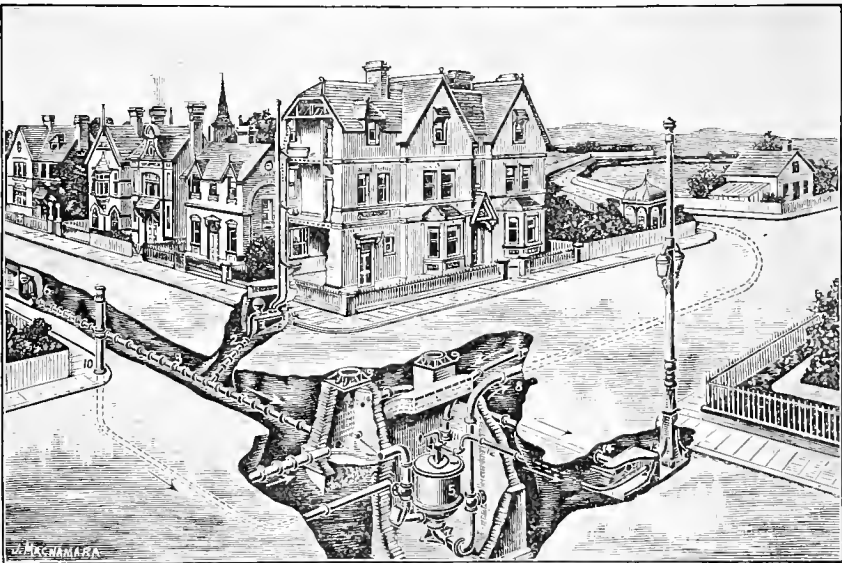
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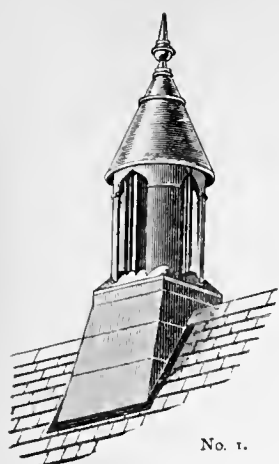
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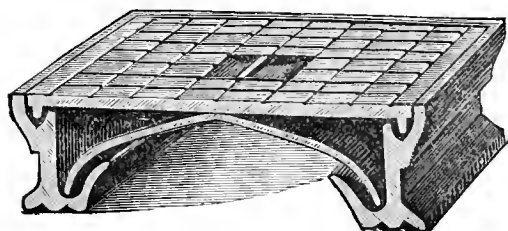
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